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The Australian National Subacute and Non-acute Patient Classification

AN-SNAP V4 User Manual

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Glossary

ABF	Activity based funding
ADL	Activity of daily living
AHSRI	Australian Health Services Research Institute
AIHW	Australian Institute of Health and Welfare
AN-SNAP	Australian National Subacute and Non-acute Patient Classification
AROC	Australasian Rehabilitation Outcomes Centre
CHSD	Centre for Health Service Development
DSS	Data Set Specification
FIM™	Functional Independence Measure
GEM	Geriatric Evaluation and Management
HoNOS	Health of the Nation Outcome Scale
ICD-10-AM	The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
IHPA	Independent Hospital Pricing Authority
LOS	Length of stay
MMT	Major Multiple Trauma
NHCDC	National Hospital Cost Data Collection
NHDD	National Health Data Dictionary
PCOC	Palliative Care Outcomes Collaboration
PCPSS	Palliative Care Problem Severity Score
RUG-ADL	Resource Utilisation Groups - Activities of Daily Living
SCWG	Subacute Care Working Group

1. Introduction

This manual has been designed for users of the Australian National Subacute and Non-Acute Patient (AN-SNAP) Version 4 classification. The manual has been prepared by the Centre for Health Service Development (CHSD), University of Wollongong. Details of the development of AN-SNAP V4 have been reported separately[1].

AN-SNAP is a casemix classification that includes four subacute care types (rehabilitation, palliative care, geriatric evaluation and management (GEM) and psychogeriatric care) and one non-acute care type (known previously as maintenance care). AN-SNAP classifies care across admitted and non-admitted settings and is used to classify and fund subacute and non-acute services in a number of Australian jurisdictions and internationally.

1.1 Context

Under the National Health Reform Agreement 2011, the Independent Hospital Pricing Authority (IHPA) is required to implement a nationally consistent activity based funding (ABF) system for subacute care services. IHPA's determinative function includes developing and specifying the national classifications to be used to classify activity in public hospital services for the purposes of ABF. The AN-SNAP classification system was selected by IHPA in 2012 as the ABF classification system to be used for subacute and non-acute care.

In 2012, IHPA established a Subacute Care Working Group (SCWG), as part of a broader committee structure, to develop approaches to the ongoing classification and costing of subacute care activities undertaken within public hospital services. The SCWG includes representatives from each Australian jurisdiction, the private sector and major subacute care clinical bodies. The commissioning of the current project represents an important element in establishing the infrastructure to support the ongoing implementation of a subacute and non-acute ABF model.

1.2 Progressive development of the AN-SNAP classification

AN-SNAP V1 was developed as a casemix classification for subacute and non-acute patients in a national study conducted by CHSD in 1997[2]. That study established the existence of an underlying episode-based classification for subacute and non-acute care provided in overnight admitted, same-day admitted, non-admitted and community settings.

The five AN-SNAP care types recognise that subacute services are provided in a specialised multidisciplinary context in which the primary need for care relates to the optimisation of the patient's functioning and quality of life. This fundamental difference between acute care and

[1] Green J, Gordon R, Blanchard M, Kobel C and Eagar K. (2014), Development of AN-SNAP Version 4: Final Report, Centre for Health Service Development, University of Wollongong.
[2] Eagar K. et al (1997) The Australian National Subacute and Non-Acute Patient Classification (AN-SNAP): report of the National Subacute and Non-Acute Casemix Classification Study. Centre for Health Service Development, University of Wollongong.

subacute care gives rise to the need for an approach to subacute casemix classification that is not based primarily around patient diagnoses and procedures.

AN-SNAP V1 comprised 134 classes across five care types (66 overnight admitted and 68 ambulatory) and explained 58% of the variance in episode costs. In 2007, CHSD completed a review of AN-SNAP V1 on behalf of the NSW Department of Health which led to the development of AN-SNAP V2. The scope of the AN-SNAP V2 review was limited to the overnight admitted branch of the classification and focussed on the palliative care and rehabilitation care types. AN-SNAP V2 comprised 151 classes (83 overnight admitted and 68 ambulatory). More recently, CHSD released AN-SNAP V3 which incorporated some minor changes, including the deletion of one overnight maintenance care class. AN-SNAP V3 comprised 82 overnight admitted classes and 68 ambulatory classes.

This manual describes AN-SNAP V4. Findings from the literature, advice provided in the context of meetings and other consultations with stakeholders and statistical analysis of the available data all fed into the development of AN-SNAP V4.

The primary source of data for the development of AN-SNAP V4 was the public sector Round 16 (2011/12) of the National Hospital Cost Data Collection (NHCDC). The contents and coverage of this dataset were limited, as outlined in the report describing the development of the classification[3]. In an attempt to develop a more comprehensive dataset for analysis, the NHCDC data were supplemented with additional data as follows:

- Records in the Palliative Care Outcomes Collaboration (PCOC) dataset were matched to NHCDC inpatient palliative care records to expand the geographic coverage of the data available for class-finding for the admitted overnight palliative care branch of AN-SNAP V4;
- Records in the Australasian Rehabilitation Outcomes Centre (AROC) dataset were matched to NHCDC inpatient rehabilitation records to expand the geographic coverage of the data available for class-finding for the admitted overnight rehabilitation branch of AN-SNAP V4;
- Paediatric subacute care datasets were provided by several facilities as there were insufficient variables included in the paediatric episodes in the NHCDC;
- Data additional to that in the NHCDC were provided to the project team directly from some jurisdictions.

As a result of matching AROC and PCOC data to the NHCDC records, the number of jurisdictions represented in the initial palliative care dataset increased from two to seven, and the number of jurisdictions represented in the initial rehabilitation dataset increased from two to six. It should be noted, however, that the number of records from some jurisdictions was limited.

[3] Green J, Gordon R, Blanchard M, Kobel C and Eagar K. (2014) Op cit.

2 The AN-SNAP V4 classification

The AN-SNAP V4 classification has 130 classes – 124 for subacute and 6 for non-acute care. Amongst the subacute classes are 83 for overnight admitted episodes/phases, 6 for same-day admissions and 35 for non-admitted episodes/ phases. There is also an error class for each care type and treatment setting combination and an overarching error class for episodes where valid care type and/or episode type codes and/or, for rehabilitation and palliative care, Age Type and age are missing from the record. A list of all classes is provided at the end of this manual in Appendix 4.

2.1 Summary of changes from AN-SNAP V3

AN-SNAP V4 introduces a number of changes from previous versions. Details are provided below. In summary, the key changes are:

- A change in the description of the two major branches of AN-SNAP V4 from 'overnight admitted' and 'ambulatory' to 'admitted' and 'non-admitted', reflecting the setting in which the care is provided (Section 2.2);
- The inclusion of six same-day admitted classes (one for each of adult rehabilitation, paediatric rehabilitation, adult palliative care, paediatric palliative care, GEM and psychogeriatric care types) in the admitted branches of AN-SNAP V4 (Section 2.2);
- Grouping of same-day activity at the level of day, rather than episode of care (Section 2.2);
- A change in the order in which the care type sub-branches are listed within the admitted and non-admitted branches of the classification to be consistent with national definitions (Section 2.2.1);
- A change in the name of the 'maintenance' care type to 'non-acute' (Section 2.2.1);
- The introduction of paediatric classes for the palliative care, rehabilitation and non-acute care types (Section 2.2.2);
- The introduction of a variable 'Age Type' that can be used, in rehabilitation and palliative care, to override age in determining whether an episode/phase is grouped to a paediatric or adult class (Section 2.2.2);
- The removal of 'assessment only' classes from the admitted branch of the classification (Section 2.3);
- The introduction of impairment-specific weights to Functional Independence Measure (FIM^{TM}) item scores in the calculation of a motor score in the admitted rehabilitation branch of AN-SNAP V4 (Sections 2.3 and 2.4);
- The introduction of a derived variable 'first phase in the episode' in the admitted palliative care classes (Section 2.3);
- The removal of the bereavement class from admitted and non-admitted palliative care branches of AN-SNAP V4 (Section 2.3);

- The introduction of delirium and dementia diagnoses as variables in the admitted GEM classes (Section 2.3);
- The removal of FIM™ cognition from the admitted GEM branch (Section 2.3);
- Minor refinement to the positioning of age and clinical splits in the admitted branches of AN-SNAP V4;
- The removal of non-admitted non-acute (maintenance) classes (Section 2.3);
- The removal of the FIM™ clinical tool from the rehabilitation and GEM non-admitted branches of AN-SNAP V4 (Section 2.3);
- The removal of single discipline classes from the non-admitted branches of AN-SNAP V4;
- The introduction of a four character alpha numeric codeset for AN-SNAP V4 classes (Section 2.5).

2.2 Structure of AN-SNAP V4

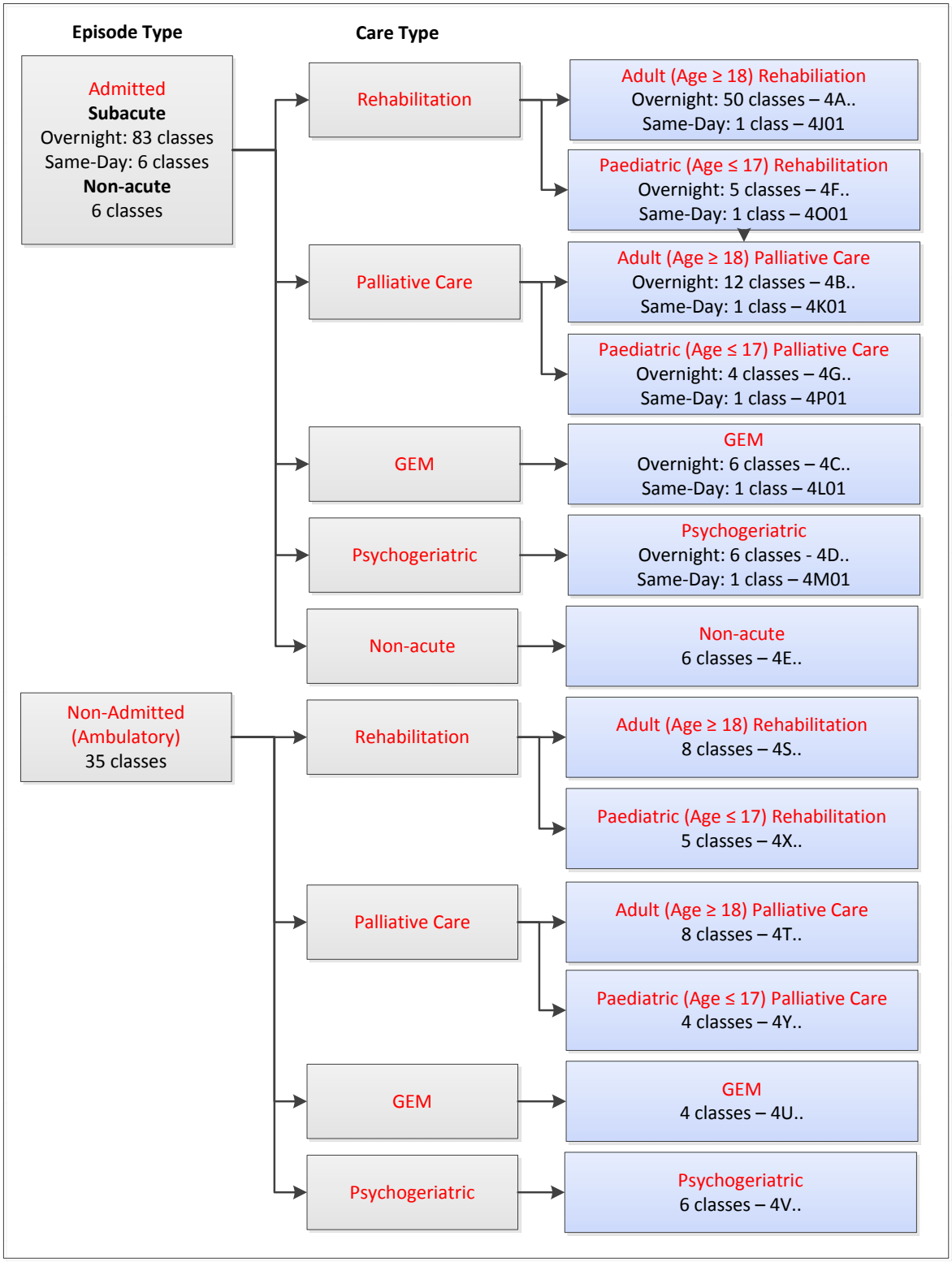
Previous versions of AN-SNAP comprised two main branches, one for overnight admitted episodes/phases and the second for ambulatory episodes/phases provided in same-day admitted, non-admitted and community settings. In AN-SNAP V4, the structure of the classification has been modified to be consistent with current data collection processes and terminology. The structure of AN-SNAP V4 can be seen in Figure 1 and definitions of relevant concepts are provided in Appendix 1.

In AN-SNAP V4, there are again two overarching branches. The first includes admitted patient episodes (both overnight and same-day) and the second non-admitted episodes (outpatients and community).

A consequence of this modification is that the same-day classes represent a single day, rather than a sequence (or episode) of same-day activity as in previous versions of AN-SNAP. In turn, this means that the same-day classes differ from the non-admitted classes both in terms of the grouping variables used in class assignment and in the unit of counting of the class.

It is recognised that decisions regarding whether to treat a patient on a same-day admitted or outpatient basis often reflect local admission policies rather than clinical differences between patients. It would therefore be preferable for same-day admitted and non-admitted activity to be assigned to the same AN-SNAP classes. However, classes for same-day activity have been incorporated into the admitted branch of AN-SNAP V4 to allow the assignment of an AN-SNAP class within current admitted and non-admitted data collections. This discrepancy should be considered further in future versions of AN-SNAP.

Figure 1 AN-SNAP Version 4 Structure



2.2.1 Splitting the admitted and non-admitted branches

Consistent with previous versions, each of the two overarching branches is split by care type and subsequently by other variables. In the admitted branch there are classes for palliative care phases and rehabilitation, GEM, psychogeriatric and non-acute episodes. 'Non-acute' was formerly called 'maintenance'.

A further refinement in AN-SNAP V4 is the order in which the care type sub-branches are listed within the admitted and non-admitted branches of the classification. In previous versions of AN-SNAP the care types have been listed in order of an assignment hierarchy of subacute and non-acute care types, namely palliative care followed by rehabilitation followed by psychogeriatric, followed by GEM, followed by non-acute (formerly called 'maintenance'). This hierarchy should no longer be required, following a revision of the national care type definitions (see Appendix 1) to, among other things, clarify the basis of care type assignment.

In AN-SNAP V4, the order in which the care types are listed has been modified in accordance with the care type codes assigned within the national data collections, such as the Admitted Patient Care Minimum Data Set. This is to follow the logic of the assigned codes.

2.2.2 Paediatric classes

An important refinement in AN-SNAP V4 is the introduction of paediatric classes for the palliative care, rehabilitation and non-acute care types. These classes are very much a 'first version' and are based on clinical tools that are currently used for adults. Future refinement of these classes may include the development of paediatric-specific tools as well as changes to the class definitions as additional data become available. In particular, a refined set of impairment groups could be developed for paediatric rehabilitation patients. For paediatric palliative care patients, the AN-SNAP classes and the definitions of phase could be revised to incorporate the concept of 'complex' vs 'stable' patient and to better reflect the impact of the bereavement phase amongst this cohort of patients.

Including the same-day classes, there are six paediatric rehabilitation classes, five paediatric palliative care classes and one non-acute paediatric class in the admitted branch of AN-SNAP V4. The paediatric rehabilitation and palliative care overnight admitted classes are duplicated in the non-admitted branch. Future versions of AN-SNAP may include different paediatric classes in the non-admitted branch for these care types, if subsequent collections of data show that to be appropriate.

The single non-acute paediatric class is defined by age. This class sits logically within the adult non-acute branch of AN-SNAP. However, the paediatric rehabilitation and palliative care classes are distinct from the equivalent adult classes. For this reason, they have been located separately but following the respective adult classes. This means that, for these two care types, the first split after setting (admitted vs non-admitted) is based on age (≤17 or ≥18 years).

However, in clearly defined circumstances, the use of precisely 17 or younger to allocate a paediatric class can be overridden. In a small number of circumstances, it may be decided to group patients younger than 18 to an adult class, or patients older than 17 to a paediatric class.

For example, a rehabilitation patient who is 16 or 17 may be treated in an adult unit. Practically, it may be more sensible to group all patients in the unit to the adult classes. Alternatively, a paediatric unit may want to classify any 18- or 19-year old patients treated into the paediatric classes.

To accommodate such circumstances, only for patients between the ages of 16 and 19 (inclusive), the AN-SNAP grouper will accept the use of an indicator variable, 'Age Type', that can be used to specify whether a rehabilitation or palliative care episode should group to a paediatric or an adult class. This variable would be used instead of the patient's age to decide between the paediatric or adult branches during the grouping process. Use of this variable would require the service provider to ensure that the relevant range of clinical tools and data items are available for assessing the patient.

2.2.3 Error classes

Several error classes have been included in AN-SNAP V4. One is an overarching error class for episodes/phases where missing data on care type, age or episode type (which specifies treatment setting) preclude grouping to a care type branch.

The additional error classes are used for episodes/phases where other variables required for grouping are missing. Within the admitted branch of the classification, there are seven error classes, one for each of the care type/age combinations, adult rehabilitation, paediatric rehabilitation, adult palliative care, paediatric palliative care, GEM, psychogeriatric and non-acute. In the non-admitted branch there are six error classes, one for each of the care type/age combinations adult rehabilitation, paediatric rehabilitation, adult palliative care, paediatric palliative care, GEM and psychogeriatric.

2.3 Variables used in AN-SNAP V4

There have been very few changes to the variables required for grouping episodes/phases in AN-SNAP V4 with the majority of variables being available on admission. There are two situations where required variables will not be available until the end of an episode. Firstly, in the admitted GEM branch of the classification, diagnoses of delirium and dementia have been introduced as grouping variables. These diagnoses are coded using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) after the episode has ended. Secondly, as was the case in AN-SNAP V3, episode length of stay is required to assign an AN-SNAP class for non-acute and psychogeriatric episodes.

In the admitted branch, the variables used for grouping are:

- *Care type* – characteristics of the person and the goal of treatment
- *Function (motor and cognition) on admission* – all care types
- *Phase (stage of illness)* – palliative care
- *Impairment* – rehabilitation
- *Behaviour* – psychogeriatric

- *Age* – palliative care, rehabilitation, non-acute and to identify paediatric episode/phases
- *Age Type* – (optional) an indicator variable that overrides age to decide between the paediatric and the adult classes for rehabilitation and palliative care (see Appendix 2)
- *Length of stay (LOS)* – psychogeriatric and non-acute
- *Same-day flag* – to distinguish between same-day and overnight episodes/phases

The following additional variables are included in the non-admitted classes of AN-SNAP V4:

- *Problem severity* – palliative care
- *Focus of Care* – psychogeriatric care
- *Assessment only* – rehabilitation and psychogeriatric
- *Clinic type* – GEM
- *Single day of care without ongoing care plan* – GEM
- *Multidisciplinary* – all care types

The specific variables required for grouping within each care type are provided below. Many of the variables used to group to AN-SNAP V4 are scores on recognised clinical assessment tools. The items and corresponding scores of these clinical tools are provided in Appendix 2. References to websites with further details of these tools are provided below. In addition, IHPA maintains an Admitted Subacute and Non-Acute Hospital Care Data Set Specification (DSS) which includes the data elements required to group admitted subacute and non-acute patient episodes/phases of care to an AN-SNAP class.

2.3.1 Rehabilitation

In AN-SNAP V4 there are 70 classes for rehabilitation, specifically:

- 50 admitted adult overnight classes;
- 5 admitted paediatric overnight classes;
- 2 admitted same-day classes, one for adult and one for paediatric care;
- 8 non-admitted adult classes; and
- 5 non-admitted paediatric classes.

The variables used to define the rehabilitation classes include impairment, age (or Age Type), FIM^{TM} cognition score, a weighted FIM^{TM} motor score and, in the non-admitted setting, assessment only. Details of the impairment-specific weights are presented in Section 2.4. Impairment is defined by the AROC Impairment Codes – Version 4. Impairment groups that are used in the paediatric classes ('brain dysfunction', 'neurological conditions', 'spinal cord dysfunction' and 'other') are combinations of these codes.

Definitions of age and assessment only are provided in Appendix 1. The AROC impairment codes, with a map to the adult and paediatric impairment groups, as well as the FIM^{TM} items

and scores are provided in Appendix 2. Further details on these clinical assessment tools can be found in the AROC data dictionary[4].

2.3.2 Palliative care

In AN-SNAP V4 there are 30 classes for palliative care, specifically:

- 12 admitted adult overnight classes;
- 4 admitted paediatric overnight classes;
- 2 admitted same-day classes, one for adult and one for paediatric care;
- 8 non-admitted adult classes; and
- 4 non-admitted paediatric classes.

The variables used to define the admitted palliative care classes include palliative care phase, the total score on the Resource Utilisation Groups - Activities of Daily Living (RUG-ADL) tool, age (or Age Type) and a derived variable, 'first phase in episode', which distinguishes a phase at the beginning of an episode from the subsequent phases of a palliative care episode. The total score on the Palliative Care Problem Severity Score (PCPSS) is also used in the definition of some non-admitted palliative care classes.

It should be noted that, although there are no longer any AN-SNAP classes for the bereavement phase, this remains an important component of palliative care, including that provided to paediatric patients and their families and carers.

Definitions of age and first phase in episode are in Appendix 1. The codesets for the clinical tools palliative care phase, RUG-ADL and PCPSS are provided in Appendix 2. Further details on these clinical assessment tools can be found in the PCOC clinical manual[5] and the PCOC data dictionary[6].

2.3.3 GEM

In AN-SNAP V4 there are 11 classes for GEM, specifically:

- 6 admitted overnight classes;
- 1 admitted same-day class; and
- 4 non-admitted classes.

The variables used to define the admitted GEM classes are the FIM™ motor score, (the sum of the first 13 items of the FIM™ tool) and ICD-10-AM diagnosis (dementia and delirium). In the

[4] Relevant definitions found in the AROC Data dictionary (http://ahsri.uow.edu.au/aroc/onlinedd/index.html)
[5] PCOC clinical manual can be found at;
(http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow129133.pdf)
[6] PCOC data dictionary can be found at;
(http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow126175.pdf)

non-admitted branch, there is one GEM class for a single day of care without an ongoing care plan and three other classes based on clinical programs. Definitions of GEM clinic and 'single day of care without ongoing care plan' are provided in Appendix 1. The FIM™ items and scores are provided in Appendix 2.

2.3.4 Psychogeriatric care

In AN-SNAP V4 there are 13 psychogeriatric classes, specifically:

- 6 admitted overnight classes;
- 1 admitted same-day class; and
- 6 non-admitted classes.

The variables used to define the psychogeriatric classes are LOS and scores on the Health of the Nation Outcome Scale (HoNOS 65+). In the non-admitted psychogeriatric classes, assessment only and the clinical tool, Focus of Care, are also used for grouping.

A definition of assessment only and long term care are provided in Appendix 1. The codesets of the clinical tools, HoNOS 65+ and Focus of Care, are provided in Appendix 2. Further details on these clinical assessment tools can be found on the Australian Mental Health Outcomes and Classification Network website[7].

It is not known if psychogeriatric activity will continue to be classified by AN-SNAP after Version 4. At the time of development of AN-SNAP V4, the classification of mental health care in Australia was also being reviewed. Psychogeriatric classes may be incorporated into the new mental health classification when it is developed.

2.3.5 Non-acute care

In AN-SNAP V4 there are six non-acute (formerly called 'maintenance') classes, all of which sit within the admitted branch. They are used for grouping paediatric as well as adult patient episodes. The variables used to define these classes are LOS, total RUG-ADL score and age (or Age Type). Age, Age Type and LOS are defined in Appendix 1 and the RUG-ADL codeset is provided in Appendix 2.

2.4 Weighting the FIM™ item scores in the admitted rehabilitation classes

In all previous versions of AN-SNAP, the FIM™ motor score has been used as a splitting variable. It is calculated as the unweighted sum of the 13 motor items in the FIM™ instrument. In AN-SNAP V4 a weighted FIM™ motor score has been used to define admitted rehabilitation classes, using a set of impairment-specific weights that reflect the relative impact of each item on the cost of caring for the rehabilitation patient. Where impairments are grouped together in the classification, a single set of weights for that group has been derived. An exception was made where there were too few episodes of Major Multiple Trauma (MMT) to develop a

[7] Australian Mental Health Outcomes and Classification Network website (http://amhocn.org/)

reliable set of weights. The item weights for MMT episodes were therefore all set at 1. In other words, for MMT, an unweighted FIM™ motor score is used. The derived weights are presented in Table 1. The weights are multiplied by the corresponding item scores and the total is rounded to the nearest integer for assigning the episode to a class.

It should be noted that the FIM™ motor score used in the GEM classes is the unweighted sum, as it has been in previous versions of AN-SNAP.

Table 1 Impairment-specific FIM™ item weights for overnight rehabilitation classes

Impairment Group	FIM eat	FIM grm	FIM bath	FIM upp	FIM low	FIM toil	FIM blad	FIM bow	FIM xfer	FIM xftlt	FIM tub	FIM walk	FIM stair
Stroke	1.007	0.983	1.199	1.028	1.054	1.058	0.799	0.835	1.121	1.108	1.145	1.018	0.645
Brain Dysfunction	1.512	1.348	1.282	1.060	0.941	1.021	0.867	1.039	0.925	0.964	0.972	0.783	0.286
Neuro Conditions	1.143	1.239	1.225	0.817	0.935	1.082	0.671	0.787	1.132	1.175	1.278	0.897	0.619
Spinal Cord Dys	0.924	0.803	1.238	0.843	0.926	1.246	0.822	0.810	1.137	1.455	1.465	0.233	1.098
Amp of Limb	1.218	0.831	1.278	0.624	0.700	1.027	0.241	0.400	1.290	0.961	0.974	0.747	2.709
Arthritis	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Pain Syndromes	0.984	1.016	1.325	0.687	0.937	1.108	0.828	0.751	1.416	1.341	1.461	0.781	0.365
Ortho Cond - Fract	0.934	0.903	1.201	0.707	0.935	1.053	0.771	1.100	1.405	1.303	1.332	0.828	0.528
Ortho Cond - Repl	1.184	0.872	1.194	0.809	1.013	1.081	0.744	0.998	1.400	1.235	1.317	0.668	0.485
Ortho Cond - Other	1.184	0.872	1.194	0.809	1.013	1.081	0.744	0.998	1.400	1.235	1.317	0.668	0.485
Cardiac	0.984	1.016	1.325	0.687	0.937	1.108	0.828	0.751	1.416	1.341	1.461	0.781	0.365
Pulmonary	0.984	1.016	1.325	0.687	0.937	1.108	0.828	0.751	1.416	1.341	1.461	0.781	0.365
Burns	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Congen Deform	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Oth Disabling Imps	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
MMT	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Devel Disabs	0.761	0.839	1.184	0.910	1.161	0.955	0.748	0.828	1.577	1.189	1.492	0.763	0.593
Reconditioning	1.077	0.938	1.181	0.717	0.887	1.084	0.795	0.924	1.282	1.307	1.330	0.930	0.548

2.5 The AN-SNAP V4 class numbering system

The previous convention of numbering the AN-SNAP classes has been changed in Version 4. In earlier versions, the first digit represents the version number, the second digit represents the care type and the remaining two digits represent both the treatment setting and the specific class. These final two digits were allocated to classes sequentially at the time of the version's release. In Version 1, three-digit codes were used, with no leading digit to indicate the version number.

The new codes for AN-SNAP V4 classes comprise four alphanumeric characters, most of which represent a feature of the care or the splitting variable used to allocate the class. The first character is the version number, while character two is alpha and depicts the care type and treatment setting. The third character is selected from a codeset that is related to the specific care type and setting and the final character is determined by sequential numbering. Details of the AN-SNAP V4 class nomenclature are provided in Appendix 3.

The codes break with another AN-SNAP tradition in the way that they depict care types. In previous versions, the care types have been coded 1-5 for palliative care, rehabilitation, psychogeriatric care, GEM and maintenance respectively, to reflect the hierarchy of care type assignment used in previous version of AN-SNAP. These codes are not the same as those assigned in the national admitted patient data collection and the NHCDC. As AN-SNAP becomes a national collection, it is timely to address this discrepancy. As an interim measure, and to avoid confusion for those who have used previous versions of AN-SNAP, the care types for V4 are indicated by alpha characters in the class code. In future versions of AN-SNAP this could be changed to numeric codes that align with the other national collections.

3 Grouping episodes/ phases to AN-SNAP V4

The AN-SNAP V4 classification is designed to group subacute and non-acute episodes or palliative care phases provided in admitted overnight, admitted same-day, non-admitted and community settings. Relevant terms, such as 'episode start', are defined in Appendix 1 and details of the clinical assessment tools used in the classification are provided in Appendix 2.

3.1 Variables used for grouping

A number of variables are required for a patient record to group successfully to a class in AN-SNAP V4. It is assumed that a subacute or non-acute care type has been assigned to the data according to the established protocol.

All records to be grouped to AN-SNAP V4 must include the variables episode type (to differentiate between admitted and non-admitted settings), care type and, for rehabilitation and palliative care, age or Age Type (see Section 2.2.2 for a detailed explanation of how the variable Age Type is applied in AN-SNAP V4).

Non-admitted records must include a flag to indicate that the episode was multidisciplinary. Other variables that are required are specific to the care type assigned to the record. The required variables are:

- Rehabilitation, adult classes – AROC impairment group, functional independence measured by the cognitive and weighted motor subscales of the FIM™ and patient age/ Age Type, all collected at the beginning of the episode;
- Rehabilitation, paediatric classes – paediatric impairment group and patient age/ Age Type collected at the beginning of the episode;
- Palliative care, adult classes – palliative care phase, functional independence measured by the RUG-ADL tool, a flag to indicate that the record is the first phase in the patient's episode, patient age/ Age Type, and, for non-admitted care, the PCPSS, collected at the beginning of the episode;
- Palliative care, paediatric classes – palliative care phase and patient age/ Age Type collected at the beginning of the episode;
- GEM – functional independence measured by the motor subscale of the FIM™ collected at the beginning of the episode, as well as a flag to indicate that delirium or dementia were included amongst the diagnoses in the episode record;
- Psychogeriatric – function measured by the HoNOS 65+ and LOS as well as, for non-admitted care, Focus of Care, collected at the beginning of the episode and assessment only; and
- Non-acute – age and functional independence measured by the RUG-ADL collected at the beginning of the episode and LOS.

3.2 Unit of counting

A casemix classification is an algorithm that groups encounters with the health system into clinically meaningful and resource-homogeneous classes. These classifications can be designed to group single days of care, phases of care, episodes of care or episodes of illness. This unit of counting needs to be represented by each record in the data file that is to be grouped.

In AN-SNAP V4, each record in the input data file must represent an episode, or for palliative care, a phase of care. This is the case for overnight admitted and for non-admitted activity. The exception is same-day activity for which the unit of counting is the day of care. This is a result of the way these data are currently collected where it is not possible to group together the days of same-day activity that could be grouped together to create an episode of care.

3.3 The grouping process

The process of grouping records to AN-SNAP V4 can be summarised as follows:

- Identify the record as admitted or non-admitted;
- Check that a non-admitted record is multidisciplinary;
- Identify the care type based on the characteristics of the patient and the primary clinical purpose or treatment goal, rather than the specialisation of the treating physician or the type of facility in which the treatment is provided;
- For rehabilitation and palliative care, identify the record as adult or paediatric;
- Identify admitted records as overnight or same-day;
- Test that required variables are available and valid;
- Calculate total assessment scores where required, including the weighted FIM™ motor score for adult admitted rehabilitation; and
- Group to AN-SNAP V4 class.

3.3.1 Treatment setting and care type splits

The first split of the classification is on admitted versus non-admitted. Only multidisciplinary care groups to the AN-SNAP V4 non-admitted classes. If it is single discipline, it should be grouped by the Tier 2 classification. The AN-SNAP V4 grouping methodology will allocate any records that cannot be identified as admitted or multidisciplinary non-admitted to an ungroupable class.

The next split in both the admitted and the non-admitted branches is on care type. The AN-SNAP V4 grouping methodology will designate ungroupable any records that do not have a subacute or non-acute care type.

3.3.2 Paediatric vs adult rehabilitation or palliative care

Rehabilitation and palliative care records then split on age. If, for patients aged between 16 and 19 (inclusive), Age Type is specified, it will override age in the decision of allocating to paediatric or adult classes. If neither of these variables is included in the record, it will group to the rehabilitation or the palliative care error class. This process is the same for the admitted and the non-admitted branches.

3.3.3 Splits within care type

Within each care type the required grouping variables must be available and valid. The required total scores will need to be calculated prior to, or as part of, the grouping process. Details of the classes are provided in Sections 4 and 5. A summary is provided below.

Admitted adult rehabilitation

- Same-day records are split from the overnight records into a single class.
- All FIM™ item scores collected on admission must be available and valid.
- For the overnight admitted episodes, a weighted FIM™ motor score is calculated by firstly multiplying each FIM™ item score by the corresponding weight for the impairment group of the record. The impairment group is derived from the AROC Impairment Code as shown in Appendix 2. These numbers are then added to create a weighted FIM™ motor score which is rounded to the nearest integer for class assignment. The five FIM™ cognition item scores are added to create a FIM™ cognition score for each episode.
- An impairment group is assigned to each record, based on the AROC impairment code as described in Appendix 2.
- The overnight admitted episodes are grouped using the weighted FIM™ motor score into a lower function and a higher function group, each of which is subsequently split by impairment group.
- All impairment groups except for MMT are then split using a combination of the weighted FIM™ motor score, the FIM™ cognition score and age to create the AN-SNAP V4 classes.

Non-admitted adult rehabilitation

- The record to be grouped to AN-SNAP V4 should represent an episode of care. This may require amalgamation of a series of service event records.
- An impairment group is assigned to each record, based on the AROC impairment code as described in Appendix 2.
- Assessment-only records are split from the treatment records into a single class.
- The treatment group is then split on the impairment group recorded for the episode.

Admitted and non-admitted paediatric rehabilitation

- In the admitted branch, same-day records are split from the overnight records into a single class.
- Episodes where the patient's age on admission is three or less are split into a single class.
- Episodes where the patient's age is four years or more are then split into paediatric impairment groups as shown in Appendix 2.

Admitted adult palliative care

- Same-day records are split from the overnight records into a single class.
- All RUG-ADL item scores collected on admission must be available and valid.
- For the overnight admitted episodes, RUG-ADL item scores are added to create a RUG-ADL total score that is used for grouping.
- The overnight admitted episodes are split into four groups based on palliative care phase.
- Three of the phase groups are then split using one or more of the variables RUG-ADL total score, a flag indicating that the phase is the first phase of an episode and age.

Non-admitted adult palliative care

- The record to be grouped to AN-SNAP V4 should represent an episode of care. This may require amalgamation of a series of service event records.
- All RUG-ADL and PCPSS item scores collected on admission must be available and valid.
- For the non-admitted episodes, RUG-ADL item scores are added to create a RUG-ADL total score that is used for grouping. Also, PCPSS item scores are added to create a PCPSS total score that is used for grouping.
- The non-admitted episodes are split into four groups based on palliative care phase.
- Two of the phase groups (unstable and deteriorating) are then split using the variables RUG-ADL total score and PCPSS total score.

Admitted and non-admitted paediatric palliative care

- In the admitted branch, same-day records are split from the overnight records into a single class.
- The overnight episodes with a phase type of terminal are split into a single class.
- For those episodes where the patient is not in a terminal phase, episodes for children who are less than one year old are split into a single class.
- Episodes where the patient's age is one year or more are then split by palliative care phase into stable or complex (unstable or deteriorating) as shown in Appendix 2.

Admitted GEM

- Same-day records are split from the overnight records into a single class.
- All FIM™ motor item scores collected on admission must be available and valid.
- For the overnight admitted episodes, the 13 FIM™ motor item scores are added to create a FIM™ motor score for each episode.
- The overnight episodes are split into three groups using the FIM™ motor score.
- Each of these groups based on motor function is then split into two, depending on whether or not any of the diagnoses recorded for the patient is delirium or dementia, to create the AN-SNAP V4 classes.

Non-admitted GEM

- The record to be grouped to AN-SNAP V4 should represent an episode of care. This may require amalgamation of a series of service event records.
- There are four non-admitted GEM classes based on whether the episode is a single day or part of a longer program. If it is a longer program, then there are three classes based on the clinic type.

Admitted psychogeriatric

- Same-day records are split from the overnight records into a single class.
- All HoNOS 65+ item scores collected on admission must be available and valid.
- For the overnight admitted episodes, the 12 HoNOS 65+ item scores are added to create a HoNOS 65+ total score for each episode.
- The overnight episodes are split into two groups based on LOS.
- The shorter stay episodes are then split into three groups, based on the HoNOS 65+ item score for overactive behaviour.
- Two of these groups are then split further, one using the HoNOS 65+ ADL item score and the other using the HoNOS 65+ total score.

Non-admitted psychogeriatric

- The record to be grouped to AN-SNAP V4 should represent an episode of care. This may require amalgamation of a series of service event records.
- All HoNOS 65+ item scores collected on admission must be available and valid.
- The 12 HoNOS 65+ item scores are added to create a HoNOS 65+ total score for each episode.
- Assessment-only records are split from the treatment records into a single class.
- The treatment group is then split using the variable Focus of Care.
- The HoNOS 65+ total score is used to split the not-acute Focus of Care group into three.

- The group with the highest HoNOS 65+ total score is split further using the HoNOS 65+ overactive behaviour item score.

Admitted non-acute

- All RUG-ADL item scores collected on admission must be available and valid.
- The four RUG-ADL item scores are added to create a RUG-ADL total score for each episode.
- The episodes are split into two groups based on LOS.
- The shorter-stay episodes are then split into three groups, based on the patient's age.
- The group with the older patients is then split further into three groups using RUG-ADL.

Error classes

If, at any step in the care type grouping process described above, a variable is missing or invalid, the episode/phase will be assigned to the error class for the relevant care type/treatment setting combination. It should be noted that some clinical tools include an option for 'not assessed'. If this score is used, the total cannot be calculated and the record would be assigned to an error class.

3.4 Other factors that may affect grouping

Subacute and non-acute care data collection processes and protocols should be consistently applied to any records that are to be grouped to AN-SNAP. As mentioned previously, care types should be assigned according to an established protocol. This includes the timing of care type changes.

There needs to be a consistent approach to the assignment of subacute and non-acute care types. In previous versions of AN-SNAP, this was underpinned by a prescribed hierarchy. However, recent national work has been completed in which these care type definitions have been revised to include, among other things, an emphasis on the basis of the care type decision being the primary clinical purpose or treatment goal of the care provided. This should preclude the need for a care type assignment hierarchy in AN-SNAP V4.

Palliative care is grouped at the level of phase which is a subset of an episode. Protocols for phase changes should be consistently applied. When patients are assessed routinely, clinicians will identify a change in the patient's needs or a change in the family or carer needs impacting on the patient's care. This will trigger a phase change. Phase assignment algorithm is detailed in the PCOC clinical manual[8].

There are no palliative care classes in AN-SNAP V4 for the bereavement phase. However, this continues to be an important component of palliative care. There is a distinction between

[8] PCOC clinical manual can be found at;
(http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow129133.pdf)

immediate post death support which follows from the death of a patient and ongoing bereavement counselling, which would be classified as care provided to the individual receiving support. There has been ongoing debate about recognition of immediate post death support of family and carers, particularly when the classification is to be applied in a funding context.

It is noted that there are some inconsistencies between providers in models of care and treatment settings of some programs. For example, some services operate entirely under a consultation/liaison model of care. Another example is in paediatric care, where many same-day admitted rehabilitation programs are clinically equivalent to those provided in an overnight admitted setting. On the other hand, some services provide same-day admitted care that is similar to care provided by other services in a non-admitted setting.

To some extent, issues such as these can be accommodated in a casemix classification. For example, in previous versions of AN-SNAP, same-day admitted care was classified with non-admitted activity to allow for the similarity in the programs that are provided in both settings.

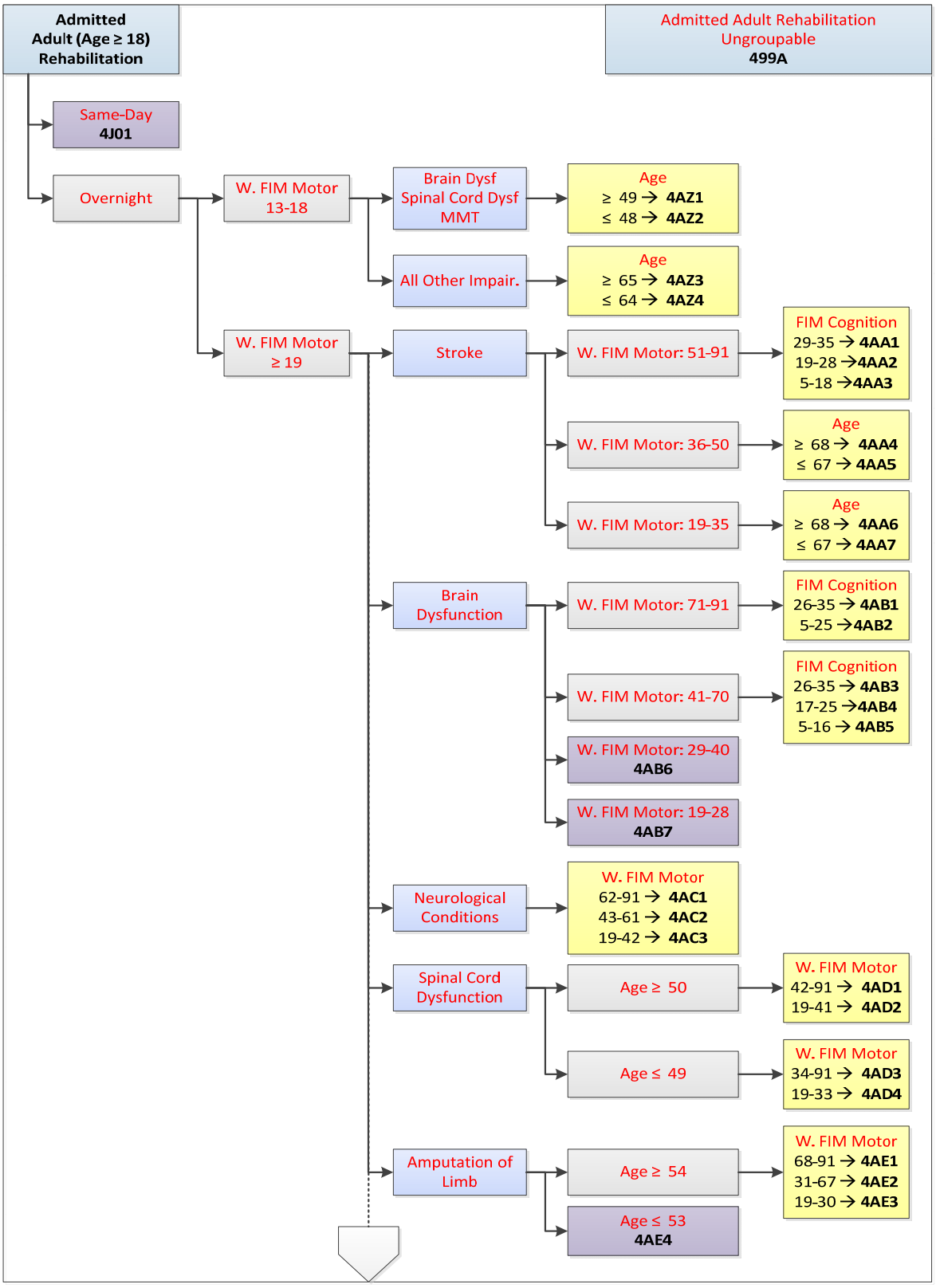
However, a casemix classification does not stand alone. It is often more appropriate to deal with some issues that affect grouping via a well-articulated set of business rules around the classification and by funding models that ensure that payment is fairly allocated to equivalent types of care. The implementation of AN-SNAP V4 will require the formulation of business rules that provide appropriate solutions to such issues.

4 The AN-SNAP V4 admitted classes

The admitted branch of AN-SNAP V4 comprises 83 overnight admitted and 6 same-day subacute classes as well as 6 non-acute classes. There is also an error class for each care type and there is an overarching error class for episodes where valid care type and/or episode type codes and/or age are missing from the record.

The name of the 'maintenance' care type has been changed to 'non-acute'. Some derived variables from existing collections such as 'first phase of episode' in palliative care and diagnoses of 'dementia and delirium' in the GEM classes have been introduced. In rehabilitation, a weighted sum of FIM™ motor items replaces the unweighted total previously used.

Figure 2 Admitted adult rehabilitation branch



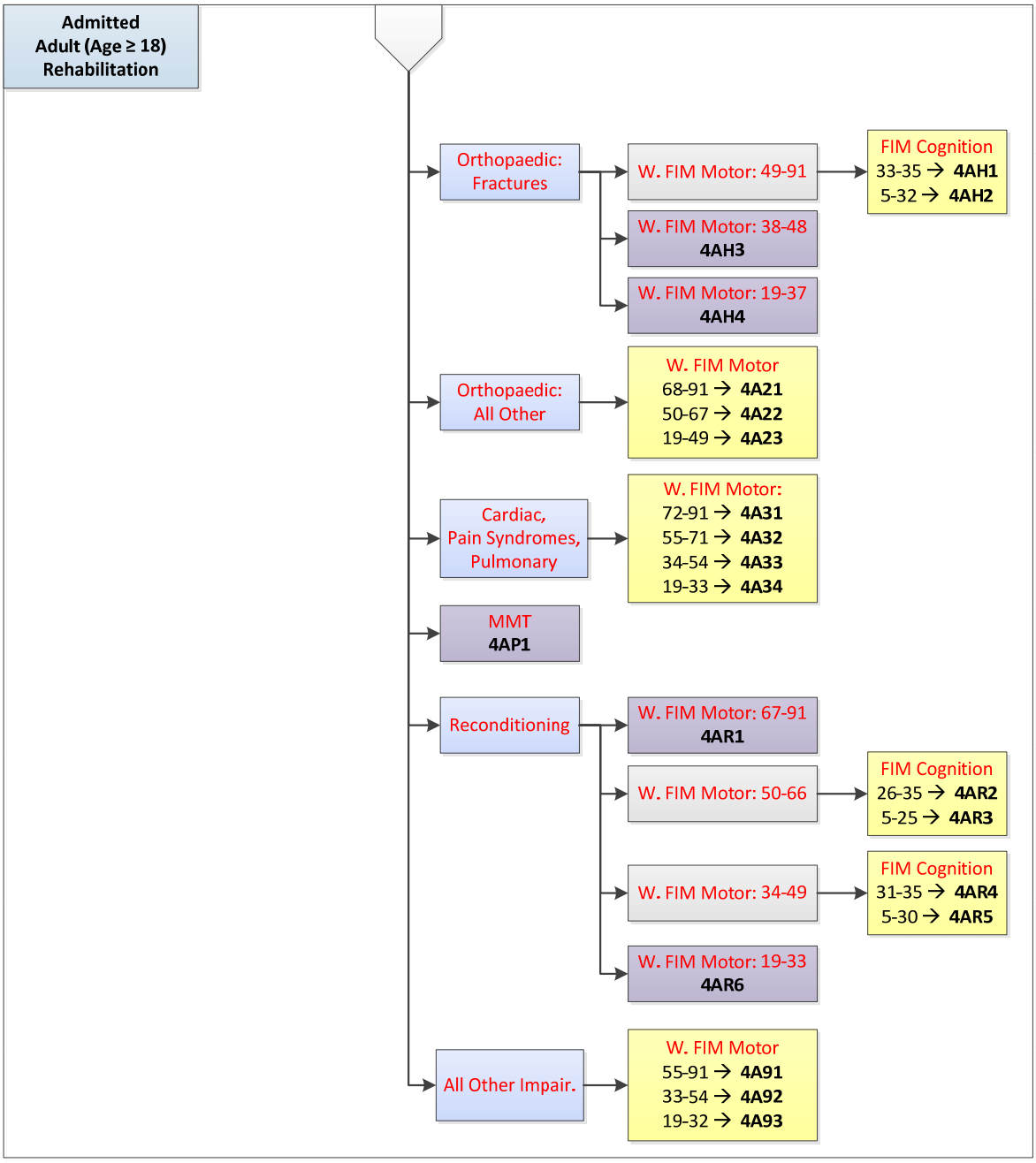

Admitted
Adult (Age ≥ 18)
Rehabilitation
Orthopaedic: Fractures
W. FIM Motor: 49-91
FIM Cognition
33-35 → 4AH1
5-32 → 4AH2
W. FIM Motor: 38-48
4AH3
W. FIM Motor: 19-37
4AH4
Orthopaedic: All Other
W. FIM Motor
68-91 → 4A21
50-67 → 4A22
19-49 → 4A23
Cardiac, Pain Syndromes, Pulmonary
W. FIM Motor:
72-91 → 4A31
55-71 → 4A32
34-54 → 4A33
19-33 → 4A34
MMT
4AP1
Reconditioning
W. FIM Motor: 67-91
4AR1
W. FIM Motor: 50-66
FIM Cognition
26-35 → 4AR2
5-25 → 4AR3
W. FIM Motor: 34-49
FIM Cognition
31-35 → 4AR4
5-30 → 4AR5
W. FIM Motor: 19-33
4AR6
All Other Impair.
W. FIM Motor
55-91 → 4A91
33-54 → 4A92
19-32 → 4A93

Table 2 Admitted adult rehabilitation classes

Code	Description
4AZ1	Weighted FIM motor score 13-18, Brain, Spine, MMT, Age ≥ 49
4AZ2	Weighted FIM motor score 13-18, Brain, Spine, MMT, Age ≤ 48
4AZ3	Weighted FIM motor score 13-18, All other impairments, Age ≥ 65
4AZ4	Weighted FIM motor score 13-18, All other impairments, Age ≤ 64
4AA1	Stroke, weighted FIM motor 51-91, FIM cognition 29-35
4AA2	Stroke, weighted FIM motor 51-91, FIM cognition 19-28
4AA3	Stroke, weighted FIM motor 51-91, FIM cognition 5-18
4AA4	Stroke, weighted FIM motor 36-50, Age ≥ 68
4AA5	Stroke, weighted FIM motor 36-50, Age ≤ 67
4AA6	Stroke, weighted FIM motor 19-35, Age ≥ 68
4AA7	Stroke, weighted FIM motor 19-35, Age ≤ 67
4AB1	Brain dysfunction, weighted FIM motor 71-91, FIM cognition 26-35
4AB2	Brain dysfunction, weighted FIM motor 71-91, FIM cognition 5-25
4AB3	Brain dysfunction, weighted FIM motor 41-70, FIM cognition 26-35
4AB4	Brain dysfunction, weighted FIM motor 41-70, FIM cognition 17-25
4AB5	Brain dysfunction, weighted FIM motor 41-70, FIM cognition 5-16
4AB6	Brain dysfunction, weighted FIM motor 29-40
4AB7	Brain dysfunction, weighted FIM motor 19-28
4AC1	Neurological conditions, weighted FIM motor 62-91
4AC2	Neurological conditions, weighted FIM motor 43-61
4AC3	Neurological conditions, weighted FIM motor 19-42
4AD1	Spinal cord dysfunction, Age ≥ 50, weighted FIM motor 42-91
4AD2	Spinal cord dysfunction, Age ≥ 50, weighted FIM motor 19-41
4AD3	Spinal cord dysfunction, Age ≤ 49, weighted FIM motor 34-91
4AD4	Spinal cord dysfunction, Age ≤ 49, weighted FIM motor 19-33
4AE1	Amputation of limb, Age ≥ 54, weighted FIM motor 68-91
4AE2	Amputation of limb, Age ≥ 54, weighted FIM motor 31-67
4AE3	Amputation of limb, Age ≥ 54, weighted FIM motor 19-30
4AE4	Amputation of limb, Age ≤ 53, weighted FIM motor 19-91
4AH1	Orthopaedic conditions, fractures, weighted FIM motor 49-91, FIM cognition 33-35
4AH2	Orthopaedic conditions, fractures, weighted FIM motor 49-91, FIM cognition 5-32
4AH3	Orthopaedic conditions, fractures, weighted FIM motor 38-48
4AH4	Orthopaedic conditions, fractures, weighted FIM motor 19-37
4A21	Orthopaedic conditions, all other (including replacements), weighted FIM motor 68-91

Code	Description
4A22	Orthopaedic conditions, all other (including replacements), weighted FIM motor 50-67
4A23	Orthopaedic conditions, all other (including replacements), weighted FIM motor 19-49
4A31	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 72-91
4A32	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 55-71
4A33	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 34-54
4A34	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 19-33
4AP1	Major Multiple Trauma, weighted FIM motor 19-91
4AR1	Reconditioning, weighted FIM motor 67-91
4AR2	Reconditioning, weighted FIM motor 50-66, FIM cognition 26-35
4AR3	Reconditioning, weighted FIM motor 50-66, FIM cognition 5-25
4AR4	Reconditioning, weighted FIM motor 34-49, FIM cognition 31-35
4AR5	Reconditioning, weighted FIM motor 34-49, FIM cognition 5-30
4AR6	Reconditioning, weighted FIM motor 19-33
4A91	All other impairments, weighted FIM motor 55-91
4A92	All other impairments, weighted FIM motor 33-54
4A93	All other impairments, weighted FIM motor 19-32
4J01	Adult Same-Day Rehabilitation
499A	Adult Overnight Rehabilitation - Ungroupable

Figure 3 Admitted paediatric rehabilitation branch

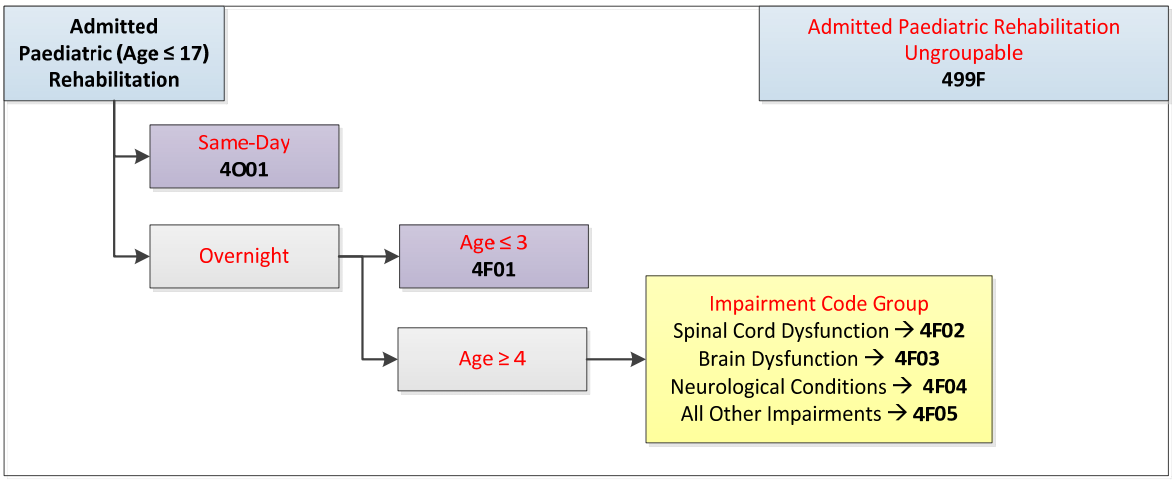


Table 3 Admitted paediatric rehabilitation classes

Code	Description
4F01	Rehabilitation, Age ≤ 3
4F02	Rehabilitation, Age ≥ 4, Spinal cord dysfunction
4F03	Rehabilitation, Age ≥ 4, Brain dysfunction
4F04	Rehabilitation, Age ≥ 4, Neurological conditions
4F05	Rehabilitation, Age ≥ 4, All other impairments
4O01	Paediatric Same-Day Rehabilitation
499F	Paediatric Overnight Rehabilitation - Ungroupable

Figure 4 Admitted adult palliative care branch

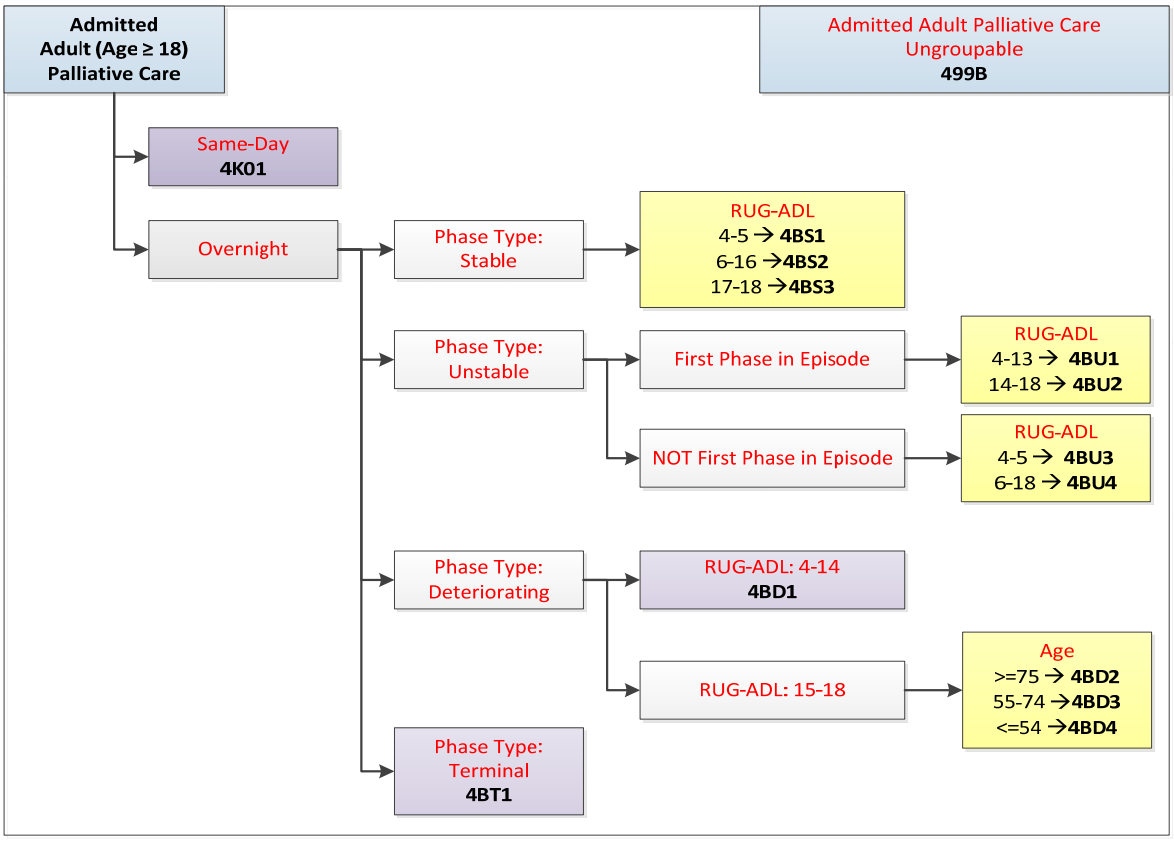


Table 4 Admitted adult palliative care classes

Code	Description
4BS1	Stable phase, RUG-ADL 4-5
4BS2	Stable phase, RUG-ADL 6-16
4BS3	Stable phase, RUG-ADL 17-18
4BU1	Unstable phase, First Phase in Episode, RUG-ADL 4-13
4BU2	Unstable phase, First Phase in Episode, RUG-ADL 14-18
4BU3	Unstable phase, Not first Phase in Episode, RUG-ADL 4-5
4BU4	Unstable phase, Not first Phase in Episode, RUG-ADL 6-18
4BD1	Deteriorating phase, RUG-ADL 4-14
4BD2	Deteriorating phase, RUG-ADL 15-18, Age ≥ 75
4BD3	Deteriorating phase, RUG-ADL 15-18, Age 55-74
4BD4	Deteriorating phase, RUG-ADL 15-18, Age ≤ 54
4BT1	Terminal phase
4K01	Adult Same-Day Palliative Care
499B	Adult Overnight Palliative Care - Ungroupable

Figure 5 Admitted paediatric palliative care branch

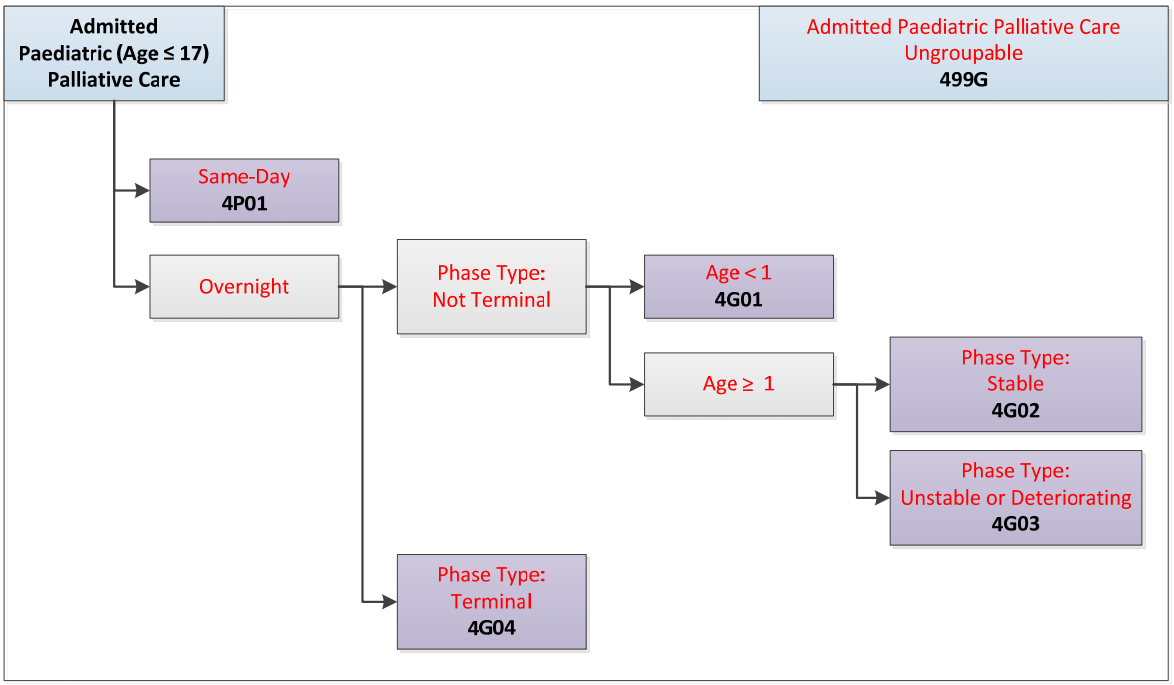


Table 5 Admitted paediatric palliative care classes

Code	Description
4G01	Palliative Care, Not Terminal phase, Age < 1 year
4G02	Palliative Care, Stable phase, Age ≥ 1 year
4G03	Palliative Care, Unstable or Deteriorating phase, Age ≥ 1 year
4G04	Palliative Care, Terminal phase
4P01	Paediatric Same-Day Palliative Care
499G	Paediatric Overnight Palliative Care - Ungroupable

Figure 6 Admitted GEM branch

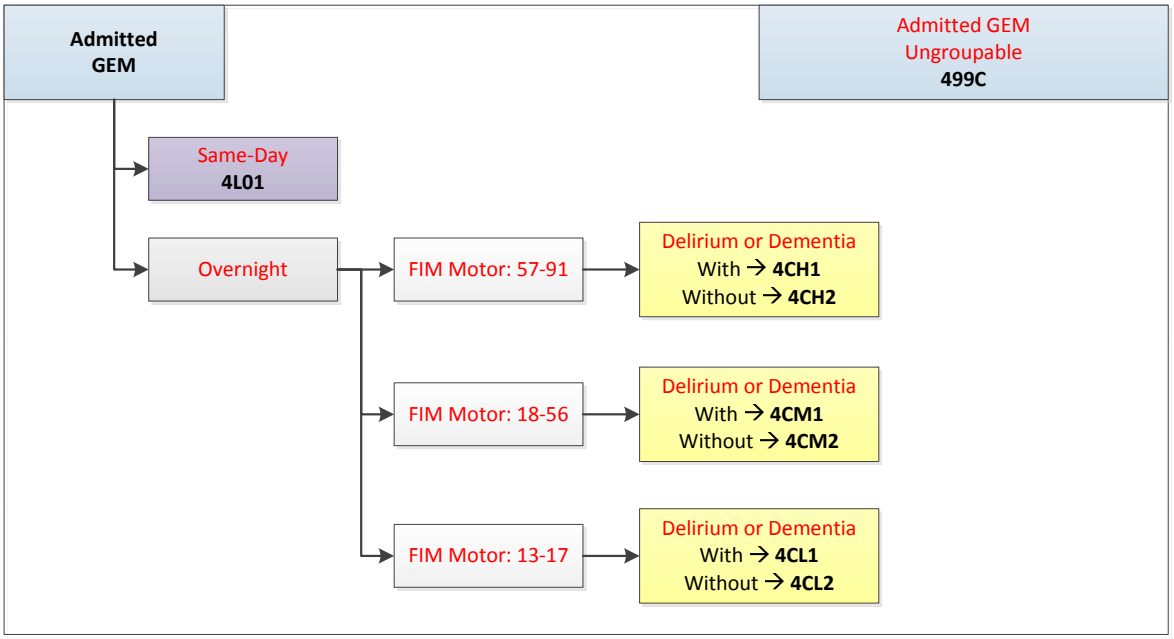


Table 6 Admitted GEM classes

Code	Description
4CH1	FIM motor 57-91 with Delirium or Dementia
4CH2	FIM motor 57-91 without Delirium or Dementia
4CM1	FIM motor 18-56 with Delirium or Dementia
4CM2	FIM motor 18-56 without Delirium or Dementia
4CL1	FIM motor 13-17 with Delirium or Dementia
4CL2	FIM motor 13-17 without Delirium or Dementia
4L01	Same-Day GEM
499C	Overnight GEM - Ungroupable

Figure 7 Admitted psychogeriatric branch

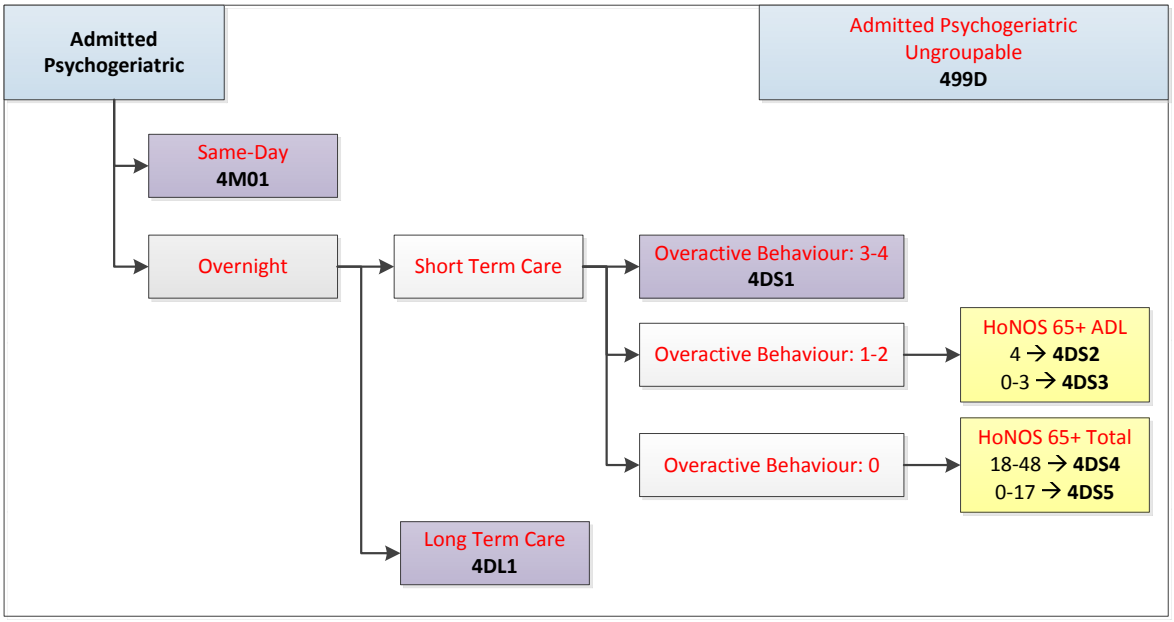


Table 7 Admitted psychogeriatric classes

Code	Description
4DS1	HoNOS 65+ Overactive behaviour 3-4, LOS ≤ 91
4DS2	HoNOS 65+ Overactive behaviour 1-2, HoNOS 65+ ADL 4, LOS ≤ 91
4DS3	HoNOS 65+ Overactive behaviour 1-2, HoNOS 65+ ADL 0-3, LOS ≤ 91
4DS4	HoNOS 65+ Overactive behaviour 0, HoNOS 65+ total 18-48, LOS ≤ 91
4DS5	HoNOS 65+ Overactive behaviour 0, HoNOS 65+ total 0-17, LOS ≤ 91
4DL1	Long term care
4M01	Same-Day Psychogeriatric Care
499D	Overnight Psychogeriatric Care - Ungroupable

Figure 8 Admitted non-acute branch

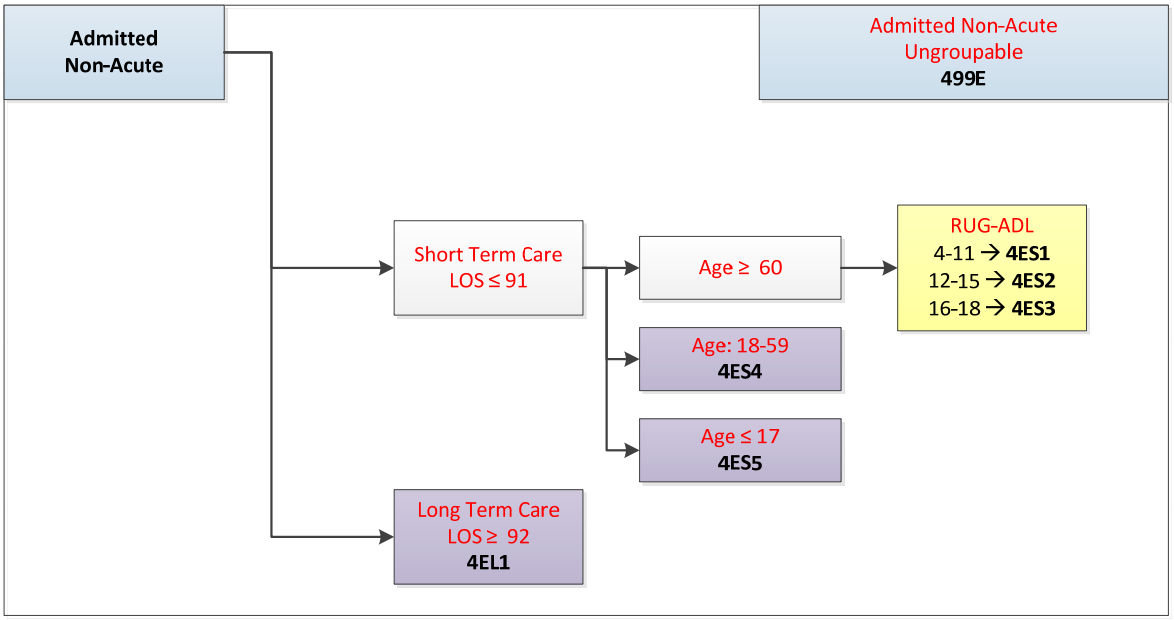


Table 8 Admitted non-acute classes

Code	Description
4ES1	Age ≥ 60, RUG-ADL 4-11, LOS ≤ 91
4ES2	Age ≥ 60, RUG-ADL 12-15, LOS ≤ 91
4ES3	Age ≥ 60, RUG-ADL 16-18, LOS ≤ 91
4ES4	Age 18-59, LOS ≤ 91
4ES5	Age ≤ 17, LOS ≤ 91
4EL1	Long term care
499E	Admitted Non-acute Care - Ungroupable

5 The AN-SNAP V4 non-admitted classes

The non-admitted branch of AN-SNAP V4 comprises 35 classes for adult rehabilitation, paediatric rehabilitation, adult palliative care, paediatric palliative care, psychogeriatric care and GEM provided in a non-admitted or community setting. In addition there are six error classes, one for each of these sub-branches and there is an overarching error class for episodes where valid care type and/or episode type codes and/or age are missing from the record.

AN-SNAP V4 does not classify single discipline non-admitted care. It is expected that type of activity will be classified by the Tier 2 Classification.

In contrast, the AN-SNAP V4 non-admitted classes are designed for episodes of multidisciplinary care. Definitions of 'non-admitted episode' and 'multidisciplinary' can be found in Appendix 1. Non-admitted records that are not multidisciplinary will be allocated to an error class in AN-SNAP V4.

In the following pages, the AN-SNAP V4 non-admitted classes are listed. It should be noted that they contain few clinical variables. This is because of the limitations of the data that were available for their development. It is anticipated that these classes could be improved if episode-level data, with records that include accurate costs and clinical variables, were to be available. For this to happen, there would need to be a considerable change to the current service event level non-admitted data collections.

It is also anticipated that, in future versions of AN-SNAP, same-day subacute care activity will once again be grouped to the same classes that are appropriate for non-admitted and community subacute activity. This is because the type of care provided in a same-day admitted setting is equivalent to that provided in a non-admitted setting. Whether the patient is admitted or not is driven primarily by differences in local admission policies.

In relation to non-admitted paediatric rehabilitation and palliative care, the non-admitted classes in AN-SNAP V4 are the same as those in the admitted branch.

Figure 9 Non-admitted adult rehabilitation branch

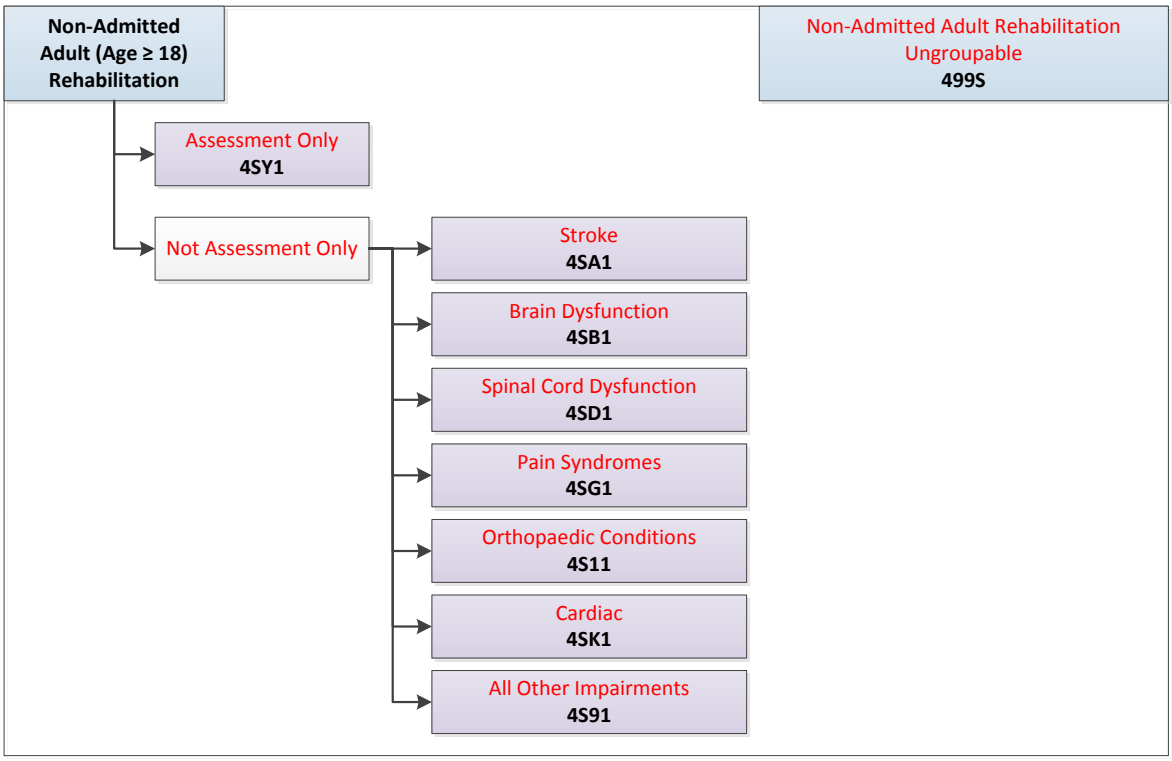


Table 9 Non-admitted adult rehabilitation classes

Code	Description
4SY1	Assessment only
4SA1	Stroke
4SB1	Brain dysfunction
4SD1	Spinal cord dysfunction
4SG1	Pain syndromes
4S11	Orthopaedic conditions
4SK1	Cardiac
4S91	All other impairments
499S	Non-admitted Adult Rehabilitation - Ungroupable

Figure 10 Non-admitted paediatric rehabilitation branch

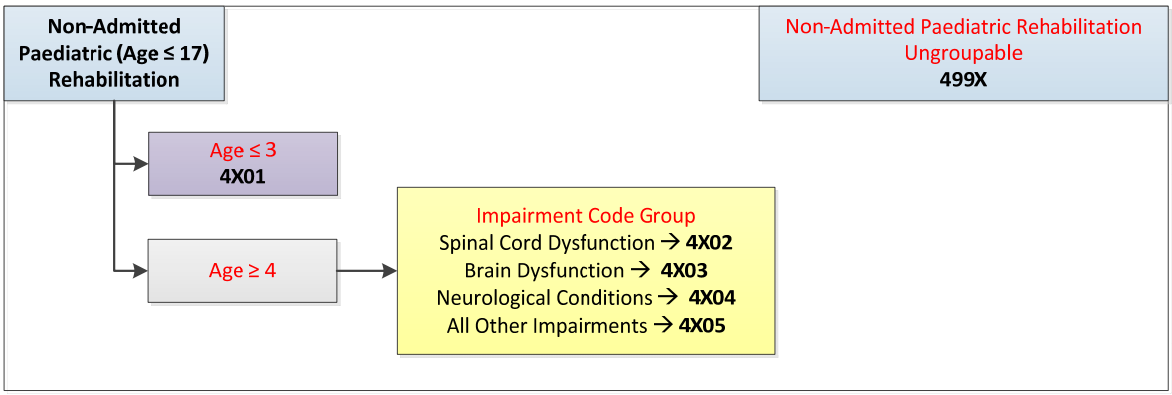


Table 10 Non-admitted paediatric rehabilitation classes

Code	Description
4X01	Rehabilitation, Age ≤ 3
4X02	Rehabilitation, Age ≥ 4, Spinal cord dysfunction
4X03	Rehabilitation, Age ≥ 4, Brain dysfunction
4X04	Rehabilitation, Age ≥ 4, Neurological conditions
4X05	Rehabilitation, Age ≥ 4, All other impairments
499X	Paediatric Non-admitted Rehabilitation - Ungroupable

Figure 11 Non-admitted adult palliative care branch

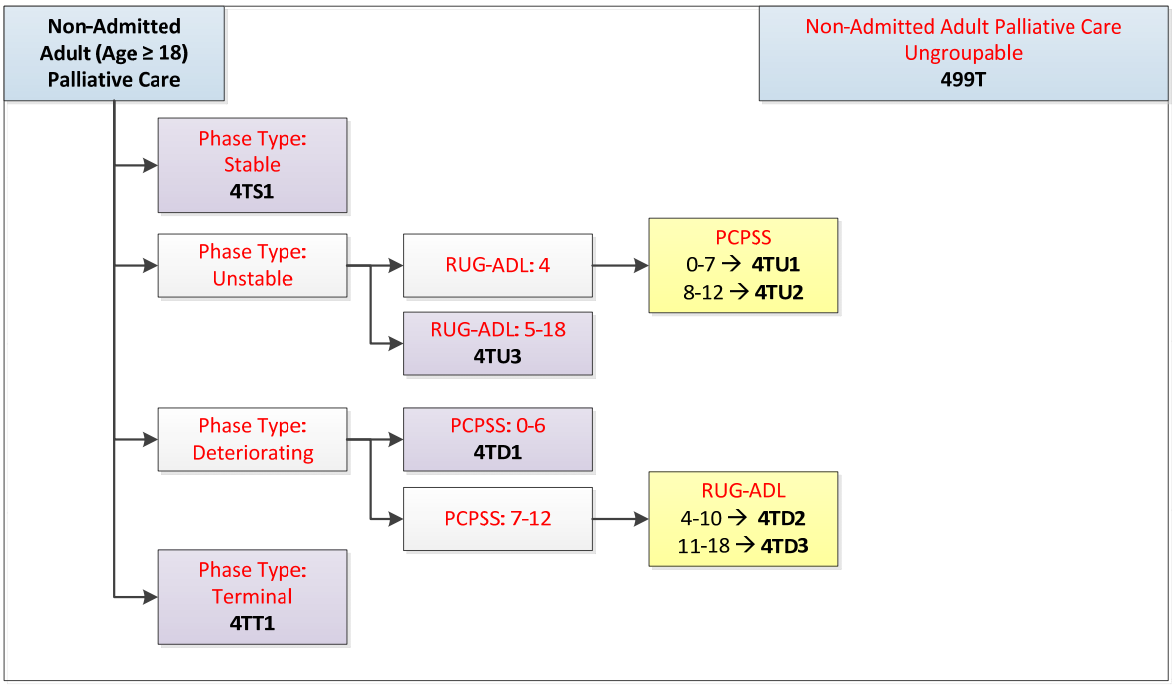


Table 11 Non-admitted adult palliative care classes

Code	Description
4TS1	Stable phase
4TU1	Unstable phase, RUG-ADL 4, PCPSS 0-7
4TU2	Unstable phase, RUG-ADL 4, PCPSS 8-12
4TU3	Unstable phase, RUG-ADL 5-18
4TD1	Deteriorating phase, PCPSS 0-6
4TD2	Deteriorating phase, PCPSS 7-12, RUG-ADL 4-10
4TD3	Deteriorating phase, PCPSS 7-12, RUG-ADL 11-18
4TT1	Terminal phase
499T	Adult Non-admitted Palliative Care - Ungroupable

Figure 12 Non-admitted paediatric palliative care branch

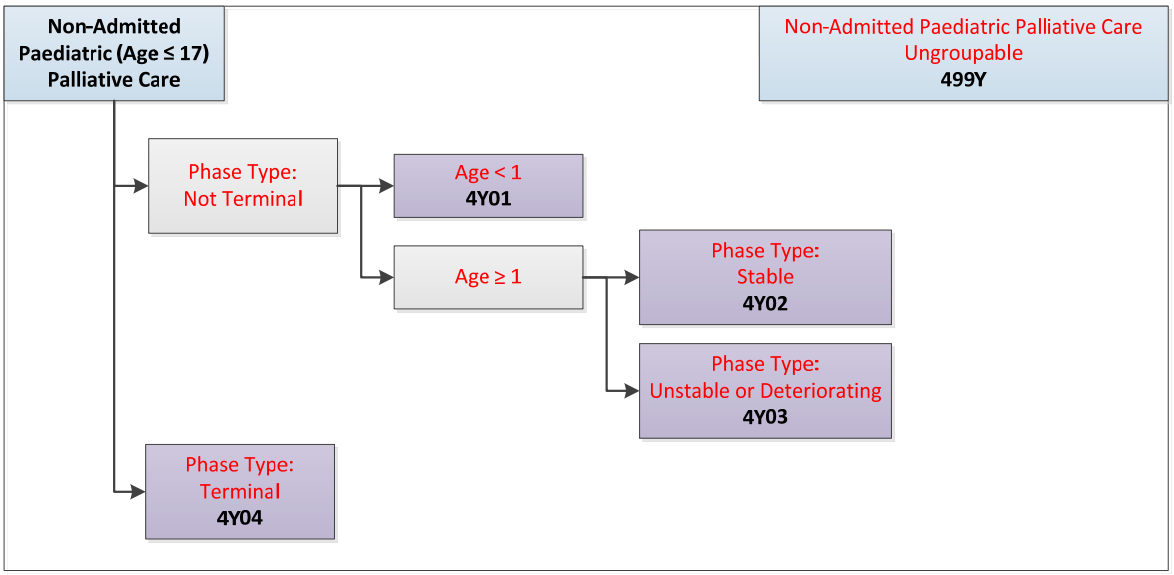


Table 12 Non-admitted paediatric palliative care classes

Code	Description
4Y01	Palliative Care, Not Terminal phase, Age < 1 year
4Y02	Palliative Care, Stable phase, Age ≥ 1 year
4Y03	Palliative Care, Unstable or Deteriorating phase, Age ≥ 1 year
4Y04	Palliative Care, Terminal phase
499Y	Paediatric Non-admitted Palliative Care - Ungroupable

Figure 13 Non-admitted GEM branch

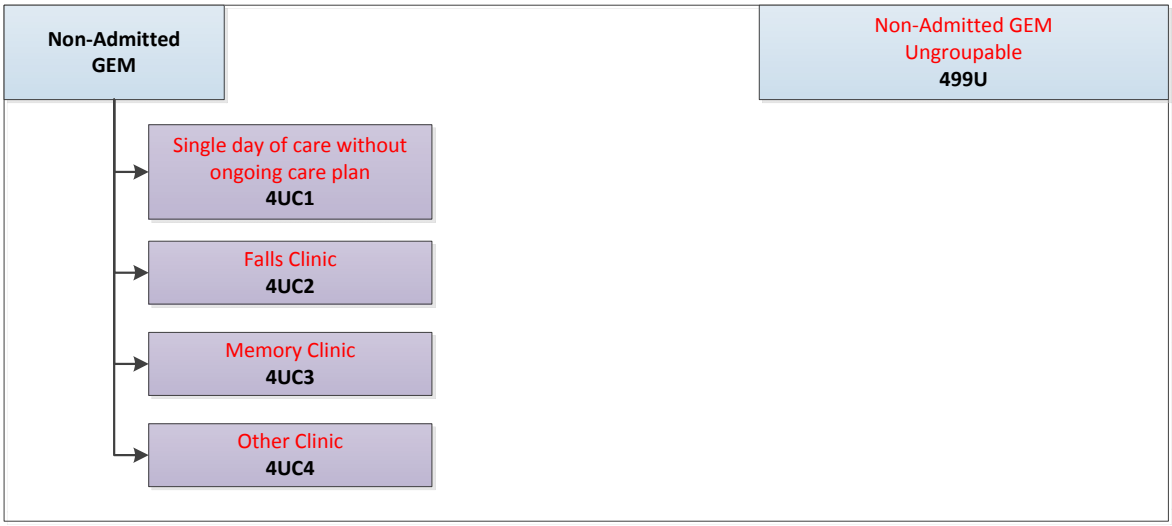


Table 13 Non-admitted GEM classes

Code	Description
4UC1	Single day of care without ongoing care plan
4UC2	Falls clinic
4UC3	Memory clinic
4UC4	Other clinic
499U	Non-admitted GEM - Ungroupable

Figure 14 Non-admitted psychogeriatric branch

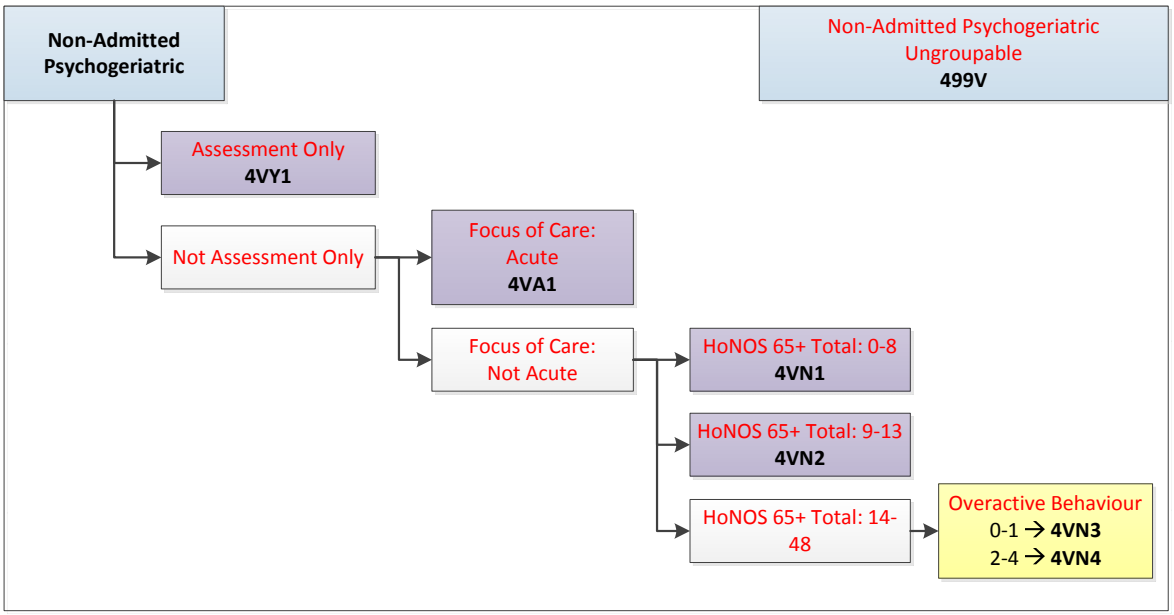


Table 14 Non-admitted psychogeriatric classes

Code	Description
4VY1	Assessment only
4VA1	Treatment, Focus of Care acute
4VN1	Treatment, Focus of Care not acute, HoNOS 65+ total 0-8
4VN2	Treatment, Focus of Care not acute, HoNOS 65+ total 9-13
4VN3	Treatment, Focus of Care not acute, HoNOS 65+ total 14-48, HoNOS 65+ Overactive behaviour 0-1
4VN4	Treatment, Focus of Care not acute, HoNOS 65+ total 14-48, HoNOS 65+ Overactive behaviour 2-4
499V	Non-admitted Psychogeriatric Care – Ungroupable

APPENDIX 1 Definitions

This Appendix provides definitions of variables and related concepts that underpin AN-SNAP V4. The AN-SNAP classification recognises that subacute services are provided in a specialised multidisciplinary context in which the primary need for care relates to the optimisation of the patient's functioning and quality of life. This fundamental difference between acute care and subacute care gives rise to the need for an approach to subacute casemix classification that is not based primarily around patient diagnoses and procedures. The definitions and concepts included here reflect this approach.

METeOR[9] is Australia's repository for national metadata standards and definitions for the health, community services and housing assistance sectors. Where a nationally endorsed definition is available in METeOR, it has been used and referenced in this Appendix.

Subacute definitions

Australian National Subacute and Non-acute Patient Classification (AN-SNAP)

AN-SNAP is a classification system for classifying subacute and non-acute patients into groups which reflect the type and complexity of services provided. AN-SNAP comprises four subacute care types (palliative care, rehabilitation, psychogeriatric and geriatric evaluation and management) and one non-acute care type (previously referred to as 'maintenance' care).

Subacute care

Subacute care is specialised and multidisciplinary care in which the primary need is optimisation of the patient's functioning and quality of life. A person's functioning may relate to their whole body or a body part, the whole person, or the whole person in a social context, and to impairment of a body function or structure, activity limitation and/or participation restriction.

Subacute care comprises the defined care types of rehabilitation, palliative care, geriatric evaluation and management (GEM) and psychogeriatric care. A multidisciplinary management plan comprises a series of documented and agreed initiatives or treatments (specifying program goals, actions and timeframes) which has been established through multidisciplinary consultation and consultation with the patient and/or carers. Palliative care episodes can include grief and bereavement support for the family and carers of the patient where it is documented in the patient's medical record.

Ref: METeOR ID 548212

9 METeOR website can be found at http://meteor.aihw.gov.au/content/index.phtml/itemId/181414

Episode of subacute or non-acute care

An episode of subacute or non-acute care is a period of contact between a subacute or non-acute patient and a health service that is of the same care type that occurs in either a hospital or in the community. An episode of subacute care may be on an admitted or non-admitted basis. An episode of admitted subacute care may be provided on a same-day or overnight basis.

Multidisciplinary

For the purpose of assignment to an AN-SNAP class, 'multidisciplinary care' is defined as services provided jointly by a team that consists of more than one professional discipline. This team generally includes allied health, nursing and medical practitioners.

In the non-admitted subacute setting, multidisciplinary may not be limited solely to health care delivered by different professional disciplines. It can include health care provided by one professional who is backed up and supported by other disciplines. In this context, multidisciplinary management would include participation in a multidisciplinary case conference convened in order to review the findings of the assessment and to develop a case management plan. It also includes access to other disciplines for consultation and referral as required and the mechanism for ongoing multidisciplinary review.

If an episode of subacute care doesn't meet the above definition, then it is single discipline care and should be excluded from AN-SNAP.

AN-SNAP Care type definitions

AN-SNAP includes four subacute care types (rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care) and one non-acute care type (non-acute care, formerly called maintenance care). The definition of each care type is shown below.

The initial development and subsequent implementation of AN-SNAP has involved the application of a care type hierarchy in which episodes are assigned firstly to the 'palliative care' care type and subsequently to 'rehabilitation', 'psychogeriatric', 'GEM' and 'non-acute' care types in that order. The purpose of this hierarchy is to clarify situations where there is any confusion about the appropriate care type to be assigned.

There has been more recent national work on the subacute and non-acute care type definitions. These definitions emphasise the requirement of basing the care type assignment decision on the primary clinical purpose or treatment goal of the care being provided. This should preclude the need for a care type assignment hierarchy in AN-SNAP V4.

Rehabilitation care

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

Ref: METeOR ID 491557

Palliative care

Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and / or spiritual needs.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care, and
- evidenced by an individualised multidisciplinary assessment and management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

Ref: METeOR ID 491557

Geriatric evaluation and management

Geriatric evaluation and management is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.

Geriatric evaluation and management is always:

- delivered under the management of or informed by a clinician with specialised expertise in geriatric evaluation and management, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Ref: METeOR ID 491557

Psychogeriatric care

Psychogeriatric care is care in which the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with

significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition.

Psychogeriatric care is always:

- delivered under the management of or informed by a clinician with specialised expertise in psychogeriatric care, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and documented through formal assessment of functional ability.

Psychogeriatric care is not applicable if the primary focus of care is acute symptom control.

Ref: METeOR ID 491557

Non-acute care

Non-acute care (previously referred to as 'maintenance') is care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care may require care over an indefinite period.

Ref: METeOR ID 491557

Patient / Episode / Phase definitions

Patient

A patient/client is defined in AN-SNAP as a person for whom a health care provider accepts responsibility for assessment and/or treatment as evidenced by the existence of a medical record.

Family/carers are included in this definition if interventions relating to them are recorded in the patient/client medical record.

Episode type

The episode type variable reflects the setting in which the episode of care is provided. There are four options – overnight admitted, same-day admitted, non-admitted and community. The overnight admitted and same-day admitted categories are grouped within the admitted branch of AN-SNAP V4, while activity provided in a non-admitted or community setting is grouped in the non-admitted branch.

Admitted patient

An admitted patient follows the process where a hospital or health service accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment. An admission may be formal or statistical.

Formal admission:

The administrative process by which a hospital records the commencement of treatment and/or care and/or accommodation of a patient.

Statistical admission:

The administrative process by which a hospital records the commencement of a new episode of care, with a new care type, for a patient within one hospital stay.

Ref: METeOR ID 445933

Episode of admitted patient care

The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type.

Ref: METeOR ID 268956

Episode start - admitted subacute care

An episode of subacute care begins on the day that the medical record is documented with evidence that the person meets the criteria for one of the subacute care types. This may be the same as the date the person was admitted to hospital or a date during the hospital stay.

Episode end – admitted subacute care

An episode of subacute care ends when either:

- the principal clinical purpose of the care changes and the patient no longer meets the criteria for classification to that care type or
- the patient is formally separated from the hospital.

Non-admitted patient

A non-admitted patient is a person who does not undergo a hospital's formal admission process. Non-admitted patients may be treated in outpatient, community and domiciliary settings by either hospital or community health agencies.

Episode of non-admitted patient care

An episode of non-admitted subacute care is a sequence of subacute care provided to a person who receives care in an outpatient or community setting. An episode of non-admitted subacute care consists of one or more occasions of service or service events.

Episode start – non-admitted subacute care

An episode of non-admitted subacute care begins when the patient is seen (either face to face or via another means) by a member of the clinical team and when there is documented evidence in a medical record that the person meets the criteria for subacute care. In the event that these occur on different days, the episode of care begins on the day when the medical record is documented.

Episode end – non-admitted subacute care

An episode of non-admitted subacute care ends when either:

- the principal clinical purpose of the care changes and the patient no longer meets the criteria for classification to that care type or
- the patient is admitted to hospital as an overnight patient; or
- the patient is discharged from the service.

Single day of care without ongoing care plan

For the purpose of assignment to the AN-SNAP class 4UC1, single day of care without ongoing care plan is defined as occurring when a patient is seen on one day of care and an ongoing care plan is not developed in respect to the care provided.

Assessment only class

For the purpose of assignment to AN-SNAP classes 4SY1 and 4VY1, ‘assessment only’ is defined as occurring when a patient is seen on one occasion only for assessment and / or treatment and no further intervention by this service/team is planned to occur within the next 90 days. If a person is booked / seen for subsequent treatment within 90 days, they are not assessment only. If a person is booked for subsequent assessment (but not treatment), they are assessment only.

Treatment

For the purpose of assignment to a non-admitted AN-SNAP psychogeriatric class, ‘treatment’ is defined as any examination, consultation or other service provided to a patient that results in an entry into the patient’s medical record.

Phase of palliative care

The palliative care phase is the patient's stage of illness within an episode of care in terms of the recognised Palliative Care Phase tool (refer Appendix 2).

Ref: METeOR ID 445933

Palliative care phase start

The palliative care phase commencement date is the date on which an admitted palliative care patient commences a new palliative care phase type. Subsequent phase begin dates are equal to the previous phase end date.

Ref: METeOR ID 445848

Palliative care phase end

The palliative care phase end date is the date on which an admitted palliative care patient completes a palliative care phase type.

Ref: METeOR ID 445598

Age

For the purposes of assignment to an AN-SNAP class, age is defined at the age of a person on the first day of a subacute or non-acute episode.

Ref: METeOR ID 303794

Age type

For assignment to an AN-SNAP class, the variable 'Age Type' is an indicator variable (coded as 1 = Paediatric, 2 = Adult, 9 = Missing/ not stated) that determines whether a rehabilitation or palliative care episode is assigned to an adult or paediatric AN-SNAP class. If this variable takes a value of 1 or 2, it will override 'Age' as the variable to select the adult or paediatric AN-SNAP class. This variable is optional and is valid for patients aged between 16 and 19 (inclusive) only.

Episode length of stay

For the purposes of assignment to an AN-SNAP class, the length of stay of an admitted episode is the length of stay of the episode, excluding leave days, measured in days.

Ref: METeOR ID 269422

For the purposes of assignment to an AN-SNAP class, the length of stay of a non-admitted episode is the number of days on which the patient is treated during that episode.

Same-day admitted care

Same-day admitted care is care provided to a same-day patient who is admitted and separated from the hospital on the same date.

Ref: METeOR ID 373961

Long term care

For the purposes of assignment to AN-SNAP V4 classes 4DL1 (Long term care admitted psychogeriatric) and 4EL1 (Long term care admitted non-acute care), long term care class is defined as an episode of subacute care with a length of stay greater than or equal to 92 days.

First phase in palliative care episode

For the purposes of assignment to the admitted palliative care AN-SNAP V4 classes, the term 'first phase in episode' applies when an unstable phase is the first phase in an admitted palliative care episode. The corresponding term, 'not first phase in episode', applies when an unstable phase is the second or subsequent phase of an admitted palliative care episode.

GEM clinic

For the purposes of assignment to the non-admitted GEM AN-SNAP V4 classes, the definition of 'falls clinic', 'memory clinic' and 'other clinic' is a subacute geriatric evaluation and management examination, consultation, treatment or other service provided in a non-admitted setting in a specialty unit or under an organisational arrangement administered by a hospital.

Derived from METeOR ID: 336980

APPENDIX 2 Clinical tools used to define AN-SNAP V4 classes

In the following pages, codesets of the clinical tools used to define AN-SNAP V4 classes are listed. All scores are collected at the start of the episode or, for palliative care, at the start of the phase.

The tools included are:

- AROC Impairment Codes
- Function Independence Measure (FIM™)
- Focus of Care
- Health of the Nation Outcome Scale (HoNOS 65+)
- Palliative care phase
- Palliative Care Problem Severity Score (PCPSS)
- Resource Utilisation Groups – Activities of Daily Living (RUG-ADL)

AROC Impairment Codes[10]

An impairment code should be assigned to reflect the primary reason for the current episode of rehabilitation care. Rehabilitation program names relating to funding are not necessarily the same as the impairment group names.

To determine the AN-SNAP V4 Adult Impairment Group, the AROC impairment coding guidelines[11] must be used to determine the impairment code. The impairment code should be truncated to get the impairment integer for impairments other than Orthopaedic (e.g. 3.9 truncates to 3). For Orthopaedic impairments the impairment code should be truncated to one decimal place (e.g. 8.231 truncates to 8.2). The table below maps the truncated AROC Impairment Code and group name to the AN-SNAP V4 Adult Impairment Group split by weighted FIM™ motor score on admission.

Table 15 Impairment groups

Truncated AROC Impairment Code	AROC Impairment Code Group Name	AN-SNAP V4 Adult Impairment Group (Weighted FIM Motor Admission 13-18)	AN-SNAP V4 Adult Impairment Group (Weighted FIM motor admission 19-91)
1	Stroke	All Other Impairments	Stroke
2	Brain Dysfunction	Brain Dysfunction	Brain Dysfunction
3	Neurological	All Other Impairments	Neurological
4	Spinal Cord Dysfunction	Spinal Cord Dysfunction	Spinal Cord Dysfunction
5	Amputation Of Limb	All Other Impairments	Amputation Of Limb
6	Arthritis	All Other Impairments	All Other Impairments
7	Pain Syndromes	All Other Impairments	Cardiac, Pain Syndromes, Pulmonary
8.1	Orthopaedic: Fractures	All Other Impairments	Orthopaedic: Fractures
8.2	Orthopaedic: Post Surgery	All Other Impairments	Orthopaedic: All Other
8.3	Orthopaedic: Soft Tissue Injury	All Other Impairments	Orthopaedic: All Other
9	Cardiac disorders	All Other Impairments	Cardiac, Pain Syndromes, Pulmonary
10	Pulmonary Disorders	All Other Impairments	Cardiac, Pain Syndromes, Pulmonary
11	Burns	All Other Impairments	All Other Impairments
12	Congenital deformities	All Other Impairments	All Other Impairments
13	Other disabling impairments	All Other Impairments	All Other Impairments
14	Major Multiple Trauma	Major Multiple Trauma	Major Multiple Trauma
15	Developmental Disability	All Other Impairments	All Other Impairments
16	Reconditioning/ restorative	All Other Impairments	Reconditioning

A preliminary map between the AROC Impairment Codes and the AN-SNAP V4 paediatric impairment groups has been developed. It is presented in the following table with examples of aetiologic diseases that underpin each impairment and some guidelines around their use.

[10] METeOR, Episode of admitted patient care—primary impairment type, code web page. (http://meteor.aihw.gov.au/content/index.phtml/itemId/498519)
[11] The AROC impairment coding guidelines can be found at; http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@aroc/documents/doc/uow125260.pdf

Table 16 Impairment code map

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
1.11 Stroke – Haemorrhagic: Left Body Involvement (Right Brain) 1.12 Stroke – Haemorrhagic: Right Body Involvement (Left Brain) 1.13 Stroke – Haemorrhagic: Bilateral Involvement 1.14 Stroke – haemorrhagic: No Paresis 1.19 Stroke – Haemorrhagic: Other Stroke	• **USE** this group for cases with the diagnosis of cerebral ischemia due to vascular thrombosis, embolism, or haemorrhage. Ischaemic strokes that then have a haemorrhagic event should be classified as Stroke – Ischaemic. • **Do NOT use** this group for: 1. cases of brain dysfunction secondary to non-vascular causes such as trauma, inflammation, tumour or degenerative changes. 2. cases of subarachnoid haemorrhage. These should be classified to Brain Dysfunction (2.11)	• Intracerebral haemorrhage • Other and unspecified intracranial haemorrhage	Brain
1.21 Stroke – Ischaemic: Left Body Involvement (Right Brain) 1.22 Stroke – Ischaemic: Right Body Involvement (Left Brain) 1.23 Stroke – Ischaemic: Bilateral Involvement 1.24 Stroke – Ischaemic: No Paresis 1.29 Stroke – Ischaemic: Other Stroke	• **USE** this group for cases with the diagnosis of cerebral ischemia due to vascular thrombosis, embolism, or haemorrhage. Ischaemic strokes that then have a haemorrhagic event should be classified as Stroke – Ischaemic. • **Do NOT use** this group for: 1. cases of brain dysfunction secondary to non-vascular causes such as trauma, inflammation, tumour or degenerative changes. 2. cases of subarachnoid haemorrhage. These should be classified to Brain Dysfunction (2.11)	• Occlusion and stenosis of precerebral arteries, with cerebral infarction • Occlusion of cerebral arteries, with cerebral infarction	Brain
2.11 Non-Traumatic Brain Dysfunction: subarachnoid haemorrhage 2.12 Non-Traumatic Brain Dysfunction: Anoxic brain damage 2.13 Non-Traumatic Brain Dysfunction: Other	• **USE** this group of cases with such aetiologies as neoplasm including metastases, encephalitis, inflammation, anoxia, metabolic toxicity, or degenerative processes. • **Do NOT use** this group for cases with hemorrhagic stroke (other than subarachnoid haemorrhage) - These should be classified to Stroke – Haemorrhagic (1.1*).	• Non-traumatic spontaneous/ berry aneurysm • Anoxic brain damage (Anoxic/ hypoxic encephalopathy) • Encephalitis • Meningitis • Neoplasm/tumour of brain or meninges – malignant or benign (includes secondary tumours) • Neoplasm/tumour of cranial nerves • Intracranial abscess • Hydrocephalus • Acute demyelinating encephalomyelitis (ADEM) • Anti-NMDAR encephalitis	Brain

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
		• Chronic Fatigue Syndrome • Toxic encephalopathy	
2.21 Traumatic Brain Dysfunction: open injury	• **USE** this group for cases with motor and/or cognitive disorder secondary to brain trauma.	• Skull fracture • Cerebral laceration and contusion, with open intracranial wound • Subarachnoid, subdural, extradural, and other unspecified haemorrhage following injury • Other and unspecified intracranial haemorrhage following injury	Brain
2.22 Traumatic Brain Dysfunction: closed injury	• **USE** this group for cases with motor and/or cognitive disorder secondary to brain trauma. • **DEFINITION**: A closed head injury is defined as an injury where the meninges remain intact (includes a linear fracture of the skull)	• Linear skull fracture • Concussion • Cerebral laceration and contusion • Subarachnoid, subdural, extradural and other unspecified haemorrhage following injury • Other and unspecified intracranial haemorrhage following injury	Brain
3.1 Neurologic Conditions: Multiple Sclerosis		• Multiple Sclerosis	Brain
3.2 Neurologic Conditions: Parkinsonism		• Parkinsonism	Brain
3.3 Neurologic Conditions: Polyneuropathy		• Hereditary and idiopathic peripheral neuropathy Peripheral neuropathy, inflammatory, toxic, traumatic, or other Brachial plexus or lumbosacral plexus injury	Neuro
3.4 Neurologic Conditions: Guillain-Barré Syndrome		• Acute inflammatory polyneuritis	Brain
3.5 Neurologic Conditions: Cerebral Palsy	• **Do NOT use** this code for cases with Cerebral Palsy with Selective Dorsal Rhizotomy (if deficits include new weakness) - These should be classified to Non Traumatic Spinal Cord Dysfunction (4.111-4.13).	• Cerebral Palsy • Cerebral palsy with orthopaedic surgical intervention or fracture • Cerebral palsy with neurosurgical intervention, excludes SDR • Cerebral palsy with Intrathecal Baclofen pump • Rehabilitation following other procedure in person with Cerebral palsy	Neuro
3.8 Neurologic Conditions: Neuromuscular Disorders		• Post poliomyelitis/ post polio syndrome • Motor neurone disease • Myasthenia gravis • Muscular dystrophies and other myopathies	Neuro

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
3.9 Neurologic Conditions: Other Neurologic disorders		• Other extrapyramidal disease and abnormal movement disorders • Spinocerebellar disease • Disorders of the autonomic nervous system • Following procedure in person with Rett Syndrome • Other demyelinating diseases of the central nervous system • Congenital anomalies of nervous system, other than those classified to 12.9	Neuro
4.111 Non Traumatic Spinal Cord Dysfunction: Paraplegia, Incomplete 4.112 Non Traumatic Spinal Cord Dysfunction: Paraplegia, Complete 4.1211 Non Traumatic Spinal Cord Dysfunction: Quadriplegia, Incomplete, C1-4 4.1212 Non Traumatic Spinal Cord Dysfunction: Quadriplegia, Incomplete, C5-8 4.1221 Non Traumatic Spinal Cord Dysfunction: Quadriplegia, Complete, C1-4 4.1222 Non Traumatic Spinal Cord Dysfunction: Quadriplegia, Complete, C5-8 4.13 Non Traumatic Spinal Cord Dysfunction: Other	• **USE** this group for cases with quadriplegia/paresis and paraplegia/paresis of non-traumatic (i.e., medical or post-operative) origin. • **Do NOT use** this group for post spinal surgery, unless the surgery has resulted in dysfunction of the spinal cord/ caudaequina. • A detailed coding guideline for patients with spinal cord injury, disease and damage is contained in the appendix to assist in the coding of patients. It is suggested that this be reviewed when considering patients with these conditions to ensure the most accurate code relevant for patient is used.	• Tuberculosis/ infective processes involving the vertebral column • Neoplasm/ tumour of spinal column or spinal meninges, malignant or benign (includes secondary tumours) • Neoplasm of other parts of nervous system, of unspecified nature • Transverse myelitis • Intraspinal or paraspinal abscess • Dissection of aorta • Aortic aneurysm, ruptured • Spontaneous haematoma • Spondylosis with myelopathy • Spinal infarction • Related to congenital heart disease • Intervertebral disc disorder with myelopathy • Spinal stenosis in cervical region (if deficits include weakness) • Spinal stenosis, other than cervical (if deficit includes weakness) • Late effects of spinal cord injury • Pathological fracture associated with spinal cord dysfunction • An unavoidable/recognised surgical complication resulting in spinal cord dysfunction following surgery for the above conditions • An unavoidable/recognised surgical complication resulting in spinal cord dysfunction following surgery for a	Spinal cord injury or disease

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
		congenital condition (eg spina bifida, cerebral palsy) • Cerebral Palsy with Selective Dorsal Rhizotomy (if deficits include new weakness)	
4.211 Traumatic Spinal Cord Dysfunction: Paraplegia, Incomplete 4.212 Traumatic Spinal Cord Dysfunction: Paraplegia, Complete 4.2211 Traumatic Spinal Cord Dysfunction: Quadriplegia, Incomplete, C1-4 4.2212 Traumatic Spinal Cord Dysfunction: Quadriplegia, Incomplete, C5-8 4.2221 Traumatic Spinal Cord Dysfunction: Quadriplegia, Complete, C1-4 4.2222 Traumatic Spinal Cord Dysfunction: Quadriplegia, Complete, C5-8 4.23 Traumatic Spinal Cord Dysfunction: Other	• **USE** this group for cases with quadriplegia/paresis and paraplegia/paresis secondary to trauma (accident/injury). • **Do NOT use** this group for post spinal surgery, unless the surgery has resulted in dysfunction of the spinal cord/ caudaequina. • A detailed coding guideline for patients with spinal cord injury, disease and damage is contained in the appendix to assist in the coding of patients. It is **suggested** that this be reviewed when considering patients with these conditions to ensure the most accurate code relevant for patient is used.	• Fracture of vertebral column with spinal cord injury • Spinal cord injury without evidence of spinal bone injury • Spinal cord dysfunction resulting from surgical misadventure	Spinal cord injury or disease
5.11 Non Traumatic Amputation Of Limb: Single Upper Amputation Above the Elbow 5.12 Non Traumatic Amputation Of Limb: Single Upper Amputation Below the Elbow 5.13 Non Traumatic Amputation Of Limb: Single Lower Amputation Above the Knee (includes through the knee) 5.14 Non Traumatic Amputation Of Limb: Single Lower Amputation Below the Knee 5.15 Non Traumatic Amputation Of Limb: Double Lower Amputation Above the Knee (includes through the knee) 5.16 Non Traumatic Amputation Of Limb: Double Lower Amputation Above/Below the Knee 5.17 Non Traumatic Amputation Of Limb: Double Lower Amputation Below the Knee	• **USE** this group for cases in which the major deficit is partial or complete absence of a limb not resulting from a trauma.	• Neoplasm of bones or cartilage and other soft tissue of limb • Secondary neoplasm of bone • Diabetes with neurologic manifestations or diabetes with peripheral circulatory disorders • Hereditary and idiopathic peripheral • neuropathy • Inflammatory and toxic neuropathy • Atherosclerosis of the extremities • Peripheral vascular disease, unspecified • Arterial embolism and thrombosis, extremities • Buerger's disease • Acquired deformity or injury affecting limbs • Aneurysm of extremities • Amputation stump complication/ revision • Haemangioma • Vasculitis (eg scleroderma, SLE), DIC (eg meningococcus) • Connective tissue disorders	Other

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
5.18 Non Traumatic Amputation Of Limb: Partial Foot Amputation (includes single/double) 5.19 Non Traumatic Amputation Of Limb: Other Amputation		• Gangrene • Infective processes (eg osteomyelitis/cellulitis) • Burns with amputation • Congenital limb loss (developmental therapy in a child) • Congenital limb loss (with conversion amputation) • Congenital limb loss (when prosthesis required)	
5.21 Traumatic Amputation Of Limb: Single Upper Amputation Above the Elbow 5.22 Traumatic Amputation Of Limb: Single Upper Amputation Below the Elbow 5.23 Traumatic Amputation Of Limb: Single Lower Amputation Above the Knee (includes through the knee) 5.24 Traumatic Amputation Of Limb: Single Lower Amputation Below the Knee 5.25 Traumatic Amputation Of Limb: Double Lower Amputation Above the Knee (includes through the knee) 5.26 Traumatic Amputation Of Limb: Double Lower Amputation Above/Below the Knee 5.27 Traumatic Amputation Of Limb: Double Lower Amputation Below the Knee 5.28 Traumatic Amputation Of Limb: Partial Foot Amputation (includes single/double) 5.29 Traumatic Amputation Of Limb: Other Amputation	• **USE** this group for cases in which the major deficit is partial or complete absence of a limb resulting from a trauma.	• Traumatic amputation (complete) (partial)	Other
6.1 Arthritis: Rheumatoid arthritis	• **USE** this group for cases in which the major disorder is rheumatoid arthritis • **Do NOT use** for cases entering rehabilitation immediately after joint replacement, even if the procedure was performed secondary to arthritis. These should be classified to Post Orthopaedic Surgery (8.211 – 8.26)	• Rheumatoid arthritis • Juvenile chronic polyarthritis • Chronic post-rheumatic arthropathy	Other

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
6.2 Arthritis: Osteoarthritis	• **USE** this group for cases in which the major disorder is osteoarthritis arthritis • **Do NOT use** for cases entering rehabilitation immediately after joint replacement, even if the procedure was performed secondary to arthritis. These should be classified to Post Orthopaedic Surgery (8.211 – 8.26)	• Osteoarthritis and allied disorders	Other
6.9 Arthritis: Other	• **USE** this group for cases in which the major disorder is arthritis of another aetiology • **Do NOT use** for cases entering rehabilitation immediately after joint replacement, even if the procedure was performed secondary to arthritis. These should be classified to Post Orthopaedic Surgery (8.211 – 8.26)	• Psoriatic arthropathy • Scleroderma • Systemic lupus erythematosus • Systemic sclerosis • Dermatomyositis • Polymyositis • Pyogenic arthritis • Other and unspecified arthropathies • Fibromyalgia • Ankylosing spondylitis	Other
7.1 Pain Syndromes: Neck Pain 7.2 Pain Syndromes: Back Pain 7.3 Pain Syndromes: Extremity Pain 7.4 Pain Syndromes: Headache (includes migraine) 7.5 Pain Syndromes: Multi-site pain 7.9 Pain Syndromes: Other Pain (includes abdominal/chest wall)	• **USE** this group for cases in which the primary purpose for this rehabilitation episode is pain management. • **Do NOT use** this group if pain management is only one component of the patient's rehabilitation program. These should be classified to the group representing the primary impairment.	• Various aetiologies	Other
8.111 Orthopaedic Fracture: Hip, unilateral	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• includes #NOF	Other
8.112 Orthopaedic Fracture: Hip, bilateral	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• includes #NOF	Other

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
8.12 Orthopaedic Fracture: shaft of femur	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• excludes femur involving knee joint	Other
8.13 Orthopaedic Fracture: pelvis	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment		Other
8.141 Orthopaedic Fracture: knee	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• includes patella, femur involving knee joint, tibia or fibula involving knee joint	Other
8.142 Orthopaedic Fracture: lower leg, ankle, foot	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment		Other
8.15 Orthopaedic Fracture: upper limb	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• includes hand, fingers, wrist, forearm, arm, shoulder	Other
8.16 Fracture of spine	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• excludes where the major disorder is pain	Other
8.17 Orthopaedic Fracture: multiple sites	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• multiple bones of same lower limb, both lower limbs, lower with upper limb, lower limb with rib or sternum. Excludes with brain injury (classify to 14.2) or with spinal cord injury (classify to 14.3)	Other

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
8.19 Orthopaedic Fracture: Other	• **USE** this group for cases in which the major disorder is post-fracture of bone or post-arthroplasty (joint replacement). • **USE** when joint replacement (arthroplasty or hemiarthroplasty) is part of the fracture treatment	• includes jaw, face, rib, orbit or sites not elsewhere classified - • excludes fracture associated with cerebral palsy (classify to 3.5) or spinal cord impairment (classify to 4.*)	Other
8.211 Post Orthopaedic Surgery: Unilateral hip replacement 8.212 Post Orthopaedic Surgery: Bilateral hip replacement 8.221 Post Orthopaedic Surgery: Unilateral knee replacement 8.222 Post Orthopaedic Surgery: Bilateral knee replacement 8.231 Post Orthopaedic Surgery: Knee and hip replacement same side 8.232 Post Orthopaedic Surgery: Knee and hip replacement different sides 8.24 Post Orthopaedic Surgery: Shoulder replacement or repair	• **USE** this group for cases where the orthopaedic surgery involved the revision or repair of previous orthopaedic surgery. • **Do NOT use** this group when orthopaedic surgery is part of acute fracture management. These should be classified to 8.111 – 8.19.	• Psoriatic arthropathy • Pyogenic arthritis • Rheumatoid arthritis • Juvenile chronic polyarthritis • Chronic post-rheumatic arthropathy • Osteoarthritis and allied disorder • Other and unspecified arthropathies • Ankylosing spondylitis • Mechanical complication of internal orthopedic device, implant and graft • Infection and inflammatory reaction due to internal orthopedic device, implant and graft • Other complications due to internal orthopedic or prosthetic device, implant and graft • Neoplasm of bone and articular cartilage • Secondary neoplasm of bone	Other
8.25 Post Orthopaedic Surgery: spinal	• **USE** this group for cases where the orthopaedic surgery involved the revision or repair of previous orthopaedic surgery. • **Do NOT use** this group when orthopaedic surgery is part of acute fracture management. These should be classified to 8.111 – 8.19.	• Includes nerve root injury (laminectomy, spinal fusion, discectomy) Includes spinal deformity surgery. Excludes spinal surgery associated with cerebral palsy (classify as Neuro) or spinal cord impairment (classify as Spinal) • Excludes spinal cord, caudaequina/major nerve root dysfunction (classify to 4)	Other
8.26 Post Orthopaedic Surgery: Other	• **USE** this group for cases where the orthopaedic surgery involved the revision or repair of previous orthopaedic surgery. • **Do NOT use** this group when orthopaedic surgery is part of acute fracture management. These should be classified to 8.111 – 8.19.	• Other and unspecified disorders of joint • Pathologic fracture requiring surgical intervention. Excludes pathologic fracture in context of spinal cord dysfunction or cerebral palsy • Osteotomy • Bone Lengthening	Other
8.3 Soft Tissue Injury	• **USE** this group for cases where there has been significant soft	• Severe sprains, ligament tears, rotator cuff tears	Other

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
	tissue injuries requiring rehabilitation but no fracture. • **DO NOT use** this group for cases where there is a fracture in addition to soft tissue injuries. These should be classified to 8.111 – 8.19.	• Rhabdomyolysis • Severe crush injuries • Falls resulting in severe soft tissue injury but no fractures	
9.1 Cardiac disorders: following recent onset of new cardiac impairment	• **USE** for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to cardiac insufficiency or general deconditioning due to cardiac disorder.	• Acute myocardial infarction • Cardiac myopathy • Post cardiac surgery	Other
9.2 Cardiac disorders: Chronic cardiac insufficiency	• **USE** for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to cardiac insufficiency or general deconditioning due to cardiac disorder.	• Coronary atherosclerosis • Ischemic heart disease • Heart failure • Congenital heart disease • Cardiac myopath	Other
9.3 Cardiac disorders: Heart or heart/lung transplant	• **USE** for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to cardiac insufficiency or general deconditioning due to cardiac disorder.		Other
10.1 Pulmonary Disorders: Chronic Obstructive Pulmonary Disease	• **USE** for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to pulmonary insufficiency.	• Chronic obstructive pulmonary disease	Other
10.2 Pulmonary Disorders: Lung Transplant	• **USE** for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to pulmonary insufficiency.		Other
10.9 Pulmonary Disorders: Other Pulmonary Disorders	• **USE** for cases in which the purpose of this rehabilitation episode is to address poor activity tolerance secondary to pulmonary insufficiency.	• Chronic bronchitis • Post pneumonia • Emphysema • Asthma • Bronchiectasis • Pulmonary insufficiency following trauma, surgery	Other
11 Burns	• **USE** for cases in which the purpose of this rehabilitation episode is to address burns to major areas of skin and/or underlying tissue.		Other
12.1 Congenital deformities: Spina Bifida	• **USE** for cases in which the purpose of this rehabilitation episode is to address Spina Bifida.	• Spina Bifida	Spinal cord injury or disease

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
12.9 Congenital deformities: Other	• **USE** for cases in which the purpose of this rehabilitation episode is to address an anomaly or deformity of the musculoskeletal system that has been present since birth. • **DO NOT use** this group for other congenital anomalies of nervous system. These should be classified to 3.9	• Arthrogryposis • Osteochondrodysplasias • Osteogenesis imperfecta	Other
13.1 Other disabling impairments: Lymphoedema	• **USE** for cases in which the major disorder is lymphoedema.		Other
13.3 Other disabling impairments: Conversion Disorder	• **USE** for cases in which the major disorder is conversion disorder.		Brain
13.9 Other disabling impairments: Other	• **USE** for cases that cannot be classified into any other impairment group. • This group should be rarely used.		Other
14.1 Major Multiple Trauma: Brain + Spinal Cord Injury (spinal cord/ caudaequina/ spinal nerve root (major plexus or multiple roots))	• **USE** for trauma cases with complex management due to involvement of multiple systems or sites, where specialised rehabilitation is required for each of the impairments. • **Do NOT use** for multiple fractures. These should be classified to Fracture of Multiple Sites (8.17).		Spinal cord injury or disease
14.2 Major Multiple Trauma: Brain + Multiple Fracture/Amputation	• **USE** for trauma cases with complex management due to involvement of multiple systems or sites, where specialised rehabilitation is required for each of the impairments. • **Do NOT use** for multiple fractures. These should be classified to Fracture of Multiple Sites (8.17).		Brain
14.3 Major Multiple Trauma: Spinal Cord (spinal cord/ caudaequina/ spinal nerve root (major plexus or multiple roots)) + Multiple Fracture/Amputation	• **USE** for trauma cases with complex management due to involvement of multiple systems or sites, where specialised rehabilitation is required for each of the impairments. • **Do NOT use** for multiple fractures. These should be classified to Fracture of Multiple Sites (8.17).		Spinal cord injury or disease

AROC Impairment Code	When to use this group and/or definitions	Aetiologic Diagnosis	AN-SNAP V4 Paediatric Impairment Group
14.9 Major Multiple Trauma: Other Multiple Trauma	• **USE** for trauma cases with complex management due to involvement of multiple systems or sites, where specialised rehabilitation is required for each of the impairments. • **Do NOT use** for multiple fractures. These should be classified to Fracture of Multiple Sites (8.17).		Other
15.1 Developmental Disability	• **USE** for patients who have significant intellectual disabilities/ mental retardation. • **Do NOT use** for cases of cerebral palsy. These should be classified to Cerebral Palsy (3.5)		Other
16.1 Reconditioning/ restorative: following surgery 16.2 Reconditioning/ restorative: following medical illness	• **USE** for cases with generalized deconditioning not attributable to any of the other Impairment Groups (eg. where deconditioning is due to a cardiac disorder classify as 9.2; where deconditioning is due to pulmonary insufficiency classify as 10.2).	• Muscular wasting and disuse atrophy, not elsewhere classified • Unspecified disorder of muscle, ligament and fascia • Other malaise and fatigue, excluding Chronic Fatigue Syndrome	Other
16.3 Reconditioning/ restorative: Cancer rehabilitation	• **USE** for cases with generalized deconditioning as a result of cancer or treatment for cancer. Excludes brain tumours which are classified as Brain.		Other

Functional Independence Measure (FIM™)[12]

The FIM™ instrument is a basic indicator of severity of disability. It comprises 18 items divided into two major groups: Motor (items 1-13) and Cognitive (items 14-18). Each item is assessed against a seven point ordinal scale, where the higher the score for an item, the more independently the patient is able to perform the tasks assessed by that item. The seven point rating scale designates major graduations in behaviour from total dependence (1) to complete independence (7). The scale provides for the classification of individuals by their ability to carry out an activity independently, versus their need for assistance from another person or a device. If help is needed the scale assesses the degree of that need.

The timing of the admission scoring is extremely important because clinically, a person's functional capacity changes upon commencement of a program of rehabilitation. Admission data should be collected over 24 hours as close to admission to the rehabilitation ward as possible. The FIM™ assessment is undertaken by direct observation and the score should reflect the actual performance observed. All clinicians undertaking assessments need to be trained in the use of the FIM™ instrument, and must sit a credentialing exam every two years to ensure consistent and accurate data. AROC holds the territory licence for the use of the FIM™ (and WeeFIM®) instruments in Australia, and is the national certification and training centre for these tools.

Table 17 FIM™ items

Number	Item
1	Eating
2	Grooming
3	Bathing
4	Dressing upper body
5	Dressing lower body
6	Toileting
7	Bladder management
8	Bowel management
9	Transfer bed/chair/wheelchair
10	Transfer toilet
11	Transfer bath/shower
12	Locomotion
13	Stairs
14	Comprehension
15	Expression
16	Social interaction
17	Problem solving

[12] METeOR, Level of functional independence (FIM™ score) web page; (http://meteor.aihw.gov.au/content/index.phtml/itemId/449150)

Number	Item
18	Memory

Table 18 FIM™ item scores

Score	Description
7	Complete independence
6	Modified independence
5	Supervision or setup
4	Minimal assistance
3	Moderate assistance
2	Maximal assistance
1	Total assistance

Focus of Care[13]

Focus of Care is rated retrospectively. Clinicians are asked to identify which of one of four types of care focus best describes the primary goal of care provided to a consumer over the period preceding the Collection Occasion.

1 Acute, where the primary goal is the short term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.

2 Functional gain, where the primary goal is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.

3 Intensive extended, where the primary goal is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.

4 Maintenance, where the primary goal is to maintain the level of functioning, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently.

9 Not stated / Missing

It is recognised that all of these aspects may be found in the mental health care of any particular consumer. But the concept here is to identify the goal that underpinned the period of care preceding the Collection Occasion.

Because the Focus of Care can change, it is necessary to define 'main' when there has been more than one Focus of Care within the period (e.g. flare up of symptoms in a consumer receiving maintenance care such that the focus is now treating the acute symptoms). In such circumstances, clinicians should choose the main Focus of Care on the basis of the goal that consumed the most treatment effort during the period being rated. For example, if the Focus of Care was 'Maintenance' for most of the episode, and 'Acute' for just a few days, the clinician would rate the main Focus of Care as 'maintenance'.

[13]The AMHOCN Focus of Care definition can be found at;
http://amhocn.org/static/files/assets/e92746f5/Focus_of_Care.pdf

Health of the Nation Outcome Scale (HoNOS 65+)[14]

The HoNOS 65+ is a 12 item clinician-rated measure designed by the Royal College of Psychiatrists specifically for use in the assessment of consumer outcomes in mental health services. Ratings are made by clinicians based on their assessment of the consumer. In completing their ratings, the clinician makes use of a glossary which details the meaning of each point on the scale being rated[15].

The most severe problem that occurred over the relevant time period, generally the preceding two weeks, is rated. Ratings reflect both the degree of distress the problem causes and the effect it has on behaviour. Specifically, the items are:

Table 19 HoNOS 65+ items

HoNOS 65+ Item	Definition
1	Overactive, aggressive, disruptive or agitated behaviour
2	Non-accidental self-injury
3	Problem drinking or drug-taking
4	Cognitive problems
5	Physical illness or disability problems
6	Problems associated with hallucinations and delusions
7	Problems with depressed mood
8	Other mental and behavioural problems
9	Problems with relationships
10	Problems with activities of daily living
11	Problems with living conditions
12	Problems with occupation and activities

Each item is rated on a five-point item of severity (0 to 4) as follows:

Table 20 HoNOS 65+ scores

Score	Description
0	No problem within the period rated
1	Minor problem requiring no formal action
2	Mild problem. Should be recorded in a care plan or other case record
3	Problem of moderate severity
4	Severe to very severe problem
7	Not stated / Missing

[14] METeOR Level of psychiatric symptom severity (HoNOS 65+ score) web page car be found at; http://meteor.aihw.gov.au/content/index.phtml/itemId/449363

[15] AMHCON HoNOS 65+ glossary can be found at; http://amhocn.org/static/files/assets/ad3f087e/HoNOS65__Glossary.pdf

9	Unable to rate because not known or not applicable to the consumer

Additional information about the type or kind of problem rated in Item 8 is also included in the tool as Item 8A. The options are:

Table 21 HoNOS 65+ Item 8A additional information

Score	Description
A	Phobias - including fear of leaving home, crowds, public places, travelling, social phobias and specific phobias
B	Anxiety and panics
C	Obsessional and compulsive problems
D	Reactions to severely stressful events and traumas
E	Dissociative ('conversion') problems
F	Somatisation - Persisting physical complaints in spite of full investigation and reassurance that no disease is present
G	Problems with appetite, over- or under-eating
H	Sleep problems
I	Sexual problems
J	Problems not specified elsewhere: an expansive or elated mood, for example.
X	Not applicable (Item 8 rated 0, 7, or 8)
Z	Not stated / Missing

Palliative care phase[16]

The palliative care phase identifies a clinically meaningful period in a patient's condition. The palliative care phase is determined by a holistic clinical assessment which considers the needs of the patients and their family and carers.

There are five phases in the palliative care phase assessment:

1 Stable

2 Unstable

3 Deteriorating

4 Terminal

5 Bereaved (post death support).

The fifth phase, 'bereaved', is not used in AN-SNAP V4.

More details and the phase assignment algorithm can be found in the PCOC clinical manual[17].

[16] METeOR Palliative care phase web page can be found at;
http://meteor.aihw.gov.au/content/index.phtml/itemId/445942

[17] PCOC clinical manual can be found at;
http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow129133.pdf

Palliative Care Problem Severity Scores (PCPSS)[18]

The Palliative Care Problem Severity Score (PCPSS) is a clinician-rated screening tool to assess the overall degree of problems within four key palliative care domains (pain, other symptoms, psychological/spiritual and family/carer). The ratings are: 0 - absent, 1 - mild, 2 - moderate and 3 - severe. The use of this tool provides an opportunity to assist in the need or urgency of intervention. The score triggers a more in-depth assessment.

The four items in this tool are assessed at the beginning of each palliative care phase. The total of these scores is used in the non-admitted adult palliative care branch of AN-SNAP V4. If any of the items is scored 9 (not assessed), the total cannot be calculated. The items are:

- PCPSS at Phase Start: Pain
- PCPSS at Phase Start: Other Symptoms
- PCPSS at Phase Start: Psychological/Spiritual
- PCPSS at Phase Start: Family/Carer

For each of the items, the scoring options are as follows:

Table 22 PCPSS scores

Score	Description
0	Absent
1	Mild
2	Moderate
3	Severe
9	Not assessed

[18] PCOC clinical manual can be found at; http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@pcoc/documents/doc/uow129133.pdf)

Resource Utilisation Group-Activities of Daily Living (RUG-ADL)[19]

The Resource Utilisation Groups – Activities of Daily Living (RUG-ADL) was developed as a tool to measure nursing dependency. It describes the level of functional dependence with respect to 'late loss' activities – those activities that are likely to be lost last in life (bed mobility, toileting, transfers and eating) and is used to assess the level of functional dependence, based on what a person actually does, rather than what they are capable of doing.

Each of the four items measures an aspect of motor function with scoring options as shown in the following table. AN-SNAP V4 uses the sum of all four items, collected at the beginning of the episode/phase, to group the patient's episode/phase. If any item has been scored 9 (Not assessed), the total is not calculated and the episode/phase groups to an error class.

Table 23 RUG-ADL items and scores

Item	Code	Description
Bed Mobility	1 3 4 5 9	Independent or supervision only Limited physical assistance Other than two persons physical assist Two-person (or more) physical assist Not assessed
Toileting	1 3 4 5 9	Independent or supervision only Limited physical assistance Other than two persons physical assist Two-person (or more) physical assist Not assessed
Transfer	1 3 4 5 9	Independent or supervision only Limited physical assistance Other than two persons physical assist Two-person (or more) physical assist Not assessed
Eating	1 2 3 9	Independent or supervision only Limited assistance Extensive assistance/total dependence/tube fed Not assessed

[19] METeOR Resource Utilisation Groups - Activities of Daily Living web page car be found at; http://meteor.aihw.gov.au/content/index.phtml/itemId/495909

APPENDIX 3 The AN-SNAP V4 four-character numbering system (NCCC)

Character 1

Item	Codes	Description
AN-SNAP version	4	Version number

Character 2

Item	Codes	Description
Care type and treatment setting – *overnight classes*	A B C D E F G	Adult rehabilitation Adult palliative care Adult geriatric evaluation and management Adult psychogeriatric care Adult non-acute care Paediatric rehabilitation Paediatric palliative care
Care type and treatment setting – *same-day classes*	J K L M O P	Adult rehabilitation Adult palliative care Adult geriatric evaluation and management Adult psychogeriatric care Paediatric rehabilitation Paediatric palliative care
Care type and treatment setting – *non-admitted classes*	S T U V X Y	Adult rehabilitation Adult palliative care Adult geriatric evaluation and management Adult psychogeriatric care Paediatric rehabilitation Paediatric palliative care
Error class	9	Grouping variable missing

Character 3

Applies to	Information coded	Codes	Description
Adult rehab classes	Single impairment*	A	Stroke
		B	Brain Dysfunction
		C	Neurological Conditions
		D	Spinal Cord Dysfunction
		E	Amputation of Limb
		F	Arthritis
		G	Pain Syndromes
		H	Orthopaedic Conditions – Fracture
		I	Orthopaedic Conditions – Replacement
		J	Orthopaedic Conditions – Other
		K	Cardiac
		L	Pulmonary
		M	Burns
		N	Congenital Deformities
		O	Other Disabling Impairments
		P	Major Multiple Trauma
		Q	Developmental Disabilities
		R	Reconditioning
	Impairment group	1	All orthopaedic conditions
		2	Orthopaedic conditions – replacement and other
		3	Cardiac, pain and pulmonary
		9	Other impairments
	Assessment only	Y	Assessment only
	Low function	Z	Weighted FIM™ motor ≤18
Adult palliative care classes	Palliative care phase	S	Stable phase
		U	Unstable phase
		D	Deteriorating phase
		T	Terminal phase
Paediatric classes	---	0	---
Admitted GEM classes	Motor function	L	FIM motor 13-17
		M	FIM motor 18-56
		H	FIM motor 57-97
Non-admitted GEM classes	Clinic type	C	Clinic type
Admitted psychogeriatric and non-acute classes	Length of stay	L	LOS ≥ 92 days
		S	LOS ≤ 91 days
Non-admitted psychogeriatric classes	Focus of care	A	Acute
		N	Non-acute
Same-day classes	---	0	---
Error classes	Ungroupable	9	Grouping variable missing

*a code is included for each impairment group although some impairments are grouped together and their individual code is not used in V4

Character 4

Item	Codes	Description
Sub-group number	1,2,3	Sequential numbering of classes after the first split
Error classes	A	Admitted adult rehabilitation – ungroupable
	B	Admitted adult palliative care – ungroupable
	C	Admitted geriatric evaluation and management – ungroupable
	D	Admitted psychogeriatric care – ungroupable
	E	Admitted non-acute care – ungroupable
	F	Admitted paediatric rehabilitation – ungroupable
	G	Admitted paediatric palliative care – ungroupable
	S	Non-admitted adult rehabilitation - ungroupable
	T	Non-admitted adult palliative care - ungroupable
	U	Non-admitted geriatric evaluation and management – ungroupable
	V	Non-admitted psychogeriatric care - ungroupable
	X	Non-admitted paediatric rehabilitation – ungroupable
	Y	Non-admitted paediatric palliative care – ungroupable
	9	All other ungroupable – occurs when there is an error with Episode Type, Care Type or Age

AN-SNAP Error Classes

Adult Error Classes

Class	Admitted	Non-Admitted
Rehabilitation	499A	499S
Palliative care	499B	499T
GEM	499C	499U
Psychogeriatric	499D	499V
Non-Acute	499E	-

Paediatric Error Classes

Class	Admitted	Non-Admitted
Rehabilitation	499F	499X
Palliative care	499G	499Y

All other ungroupable

Class	Description
4999	Occurs when there is an error with Age, Care Type or Episode Type

APPENDIX 4 The AN-SNAP V4 Classification

Class	Episode Type	Description
4AZ1	Admitted Adult Rehabilitation	Weighted FIM motor score 13-18, Brain, Spine, MMT, Age ≥ 49
4AZ2	Admitted Adult Rehabilitation	Weighted FIM motor score 13-18, Brain, Spine, MMT, Age ≤ 48
4AZ3	Admitted Adult Rehabilitation	Weighted FIM motor score 13-18, All other impairments, Age ≥ 65
4AZ4	Admitted Adult Rehabilitation	Weighted FIM motor score 13-18, All other impairments, Age ≤ 64
4AA1	Admitted Adult Rehabilitation	Stroke, weighted FIM motor 51-91, FIM cognition 29-35
4AA2	Admitted Adult Rehabilitation	Stroke, weighted FIM motor 51-91, FIM cognition 19-28
4AA3	Admitted Adult Rehabilitation	Stroke, weighted FIM motor 51-91, FIM cognition 5-18
4AA4	Admitted Adult Rehabilitation	Stroke, weighted FIM motor 36-50, Age ≥ 68
4AA5	Admitted Adult Rehabilitation	Stroke, weighted FIM motor 36-50, Age ≤ 67
4AA6	Admitted Adult Rehabilitation	Stroke, weighted FIM motor 19-35, Age ≥ 68
4AA7	Admitted Adult Rehabilitation	Stroke, weighted FIM motor 19-35, Age ≤ 67
4AB1	Admitted Adult Rehabilitation	Brain dysfunction, weighted FIM motor 71-91, FIM cognition 26-35
4AB2	Admitted Adult Rehabilitation	Brain dysfunction, weighted FIM motor 71-91, FIM cognition 5-25
4AB3	Admitted Adult Rehabilitation	Brain dysfunction, weighted FIM motor 41-70, FIM cognition 26-35
4AB4	Admitted Adult Rehabilitation	Brain dysfunction, weighted FIM motor 41-70, FIM cognition 17-25
4AB5	Admitted Adult Rehabilitation	Brain dysfunction, weighted FIM motor 41-70, FIM cognition 5-16
4AB6	Admitted Adult Rehabilitation	Brain dysfunction, weighted FIM motor 29-40
4AB7	Admitted Adult Rehabilitation	Brain dysfunction, weighted FIM motor 19-28
4AC1	Admitted Adult Rehabilitation	Neurological conditions, weighted FIM motor 62-91
4AC2	Admitted Adult Rehabilitation	Neurological conditions, weighted FIM motor 43-61
4AC3	Admitted Adult Rehabilitation	Neurological conditions, weighted FIM motor 19-42
4AD1	Admitted Adult Rehabilitation	Spinal cord dysfunction, Age ≥ 50, weighted FIM motor 42-91
4AD2	Admitted Adult Rehabilitation	Spinal cord dysfunction, Age ≥ 50, weighted FIM motor 19-41
4AD3	Admitted Adult Rehabilitation	Spinal cord dysfunction, Age ≤ 49, weighted FIM motor 34-91
4AD4	Admitted Adult Rehabilitation	Spinal cord dysfunction, Age ≤ 49, weighted FIM motor 19-33
4AE1	Admitted Adult Rehabilitation	Amputation of limb, Age ≥ 54, weighted FIM motor 68-91
4AE2	Admitted Adult Rehabilitation	Amputation of limb, Age ≥ 54, weighted FIM motor 31-67
4AE3	Admitted Adult Rehabilitation	Amputation of limb, Age ≥ 54, weighted FIM motor 19-30
4AE4	Admitted Adult Rehabilitation	Amputation of limb, Age ≤ 53, weighted FIM motor 19-91
4AH1	Admitted Adult Rehabilitation	Orthopaedic conditions, fractures, weighted FIM motor 49-91, FIM cognition 33-35
4AH2	Admitted Adult Rehabilitation	Orthopaedic conditions, fractures, weighted FIM motor 49-91, FIM cognition 5-32
4AH3	Admitted Adult Rehabilitation	Orthopaedic conditions, fractures, weighted FIM motor 38-48
4AH4	Admitted Adult Rehabilitation	Orthopaedic conditions, fractures, weighted FIM motor 19-37

Class	Episode Type	Description
4A21	Admitted Adult Rehabilitation	Orthopaedic conditions, all other (including replacements), weighted FIM motor 68-91
4A22	Admitted Adult Rehabilitation	Orthopaedic conditions, all other (including replacements), weighted FIM motor 50-67
4A23	Admitted Adult Rehabilitation	Orthopaedic conditions, all other (including replacements), weighted FIM motor 19-49
4A31	Admitted Adult Rehabilitation	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 72-91
4A32	Admitted Adult Rehabilitation	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 55-71
4A33	Admitted Adult Rehabilitation	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 34-54
4A34	Admitted Adult Rehabilitation	Cardiac, Pain syndromes, Pulmonary, weighted FIM motor 19-33
4AP1	Admitted Adult Rehabilitation	Major Multiple Trauma, weighted FIM motor 19-91
4AR1	Admitted Adult Rehabilitation	Reconditioning, weighted FIM motor 67-91
4AR2	Admitted Adult Rehabilitation	Reconditioning, weighted FIM motor 50-66, FIM cognition 26-35
4AR3	Admitted Adult Rehabilitation	Reconditioning, weighted FIM motor 50-66, FIM cognition 5-25
4AR4	Admitted Adult Rehabilitation	Reconditioning, weighted FIM motor 34-49, FIM cognition 31-35
4AR5	Admitted Adult Rehabilitation	Reconditioning, weighted FIM motor 34-49, FIM cognition 5-30
4AR6	Admitted Adult Rehabilitation	Reconditioning, weighted FIM motor 19-33
4A91	Admitted Adult Rehabilitation	All other impairments, weighted FIM motor 55-91
4A92	Admitted Adult Rehabilitation	All other impairments, weighted FIM motor 33-54
4A93	Admitted Adult Rehabilitation	All other impairments, weighted FIM motor 19-32
4J01	Admitted Adult Rehabilitation	Adult Same-Day Rehabilitation
499A	Admitted Adult Rehabilitation	Adult Overnight Rehabilitation - Ungroupable
4F01	Admitted Paediatric Rehabilitation	Rehabilitation, Age ≤ 3
4F02	Admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, Spinal cord dysfunction
4F03	Admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, Brain dysfunction
4F04	Admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, Neurological conditions
4F05	Admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, All other impairments
4O01	Admitted Paediatric Rehabilitation	Paediatric Same-Day Rehabilitation
499F	Admitted Paediatric Rehabilitation	Paediatric Overnight Rehabilitation - Ungroupable
4BS1	Admitted Adult Palliative Care	Stable phase, RUG-ADL 4-5
4BS2	Admitted Adult Palliative Care	Stable phase, RUG-ADL 6-16
4BS3	Admitted Adult Palliative Care	Stable phase, RUG-ADL 17-18
4BU1	Admitted Adult Palliative Care	Unstable phase, First Phase in Episode, RUG-ADL 4-13
4BU2	Admitted Adult Palliative Care	Unstable phase, First Phase in Episode, RUG-ADL 14-18
4BU3	Admitted Adult Palliative Care	Unstable phase, Not first Phase in Episode, RUG-ADL 4-5
4BU4	Admitted Adult Palliative Care	Unstable phase, Not first Phase in Episode, RUG-ADL 6-18
4BD1	Admitted Adult Palliative Care	Deteriorating phase, RUG-ADL 4-14
4BD2	Admitted Adult Palliative Care	Deteriorating phase, RUG-ADL 15-18, Age ≥ 75
4BD3	Admitted Adult Palliative Care	Deteriorating phase, RUG-ADL 15-18, Age 55-74
4BD4	Admitted Adult Palliative Care	Deteriorating phase, RUG-ADL 15-18, Age ≤ 54
4BT1	Admitted Adult Palliative Care	Terminal phase

Class	Episode Type	Description
4K01	Admitted Adult Palliative Care	Adult Same-Day Palliative Care
499B	Admitted Adult Palliative Care	Adult Overnight Palliative Care - Ungroupable
4G01	Admitted Paediatric Palliative Care	Palliative Care, Not Terminal phase, Age < 1 year
4G02	Admitted Paediatric Palliative Care	Palliative Care, Stable phase, Age ≥ 1 year
4G03	Admitted Paediatric Palliative Care	Palliative Care, Unstable or Deteriorating phase, Age ≥ 1 year
4G04	Admitted Paediatric Palliative Care	Palliative Care, Terminal phase
4P01	Admitted Paediatric Palliative Care	Paediatric Same-Day Palliative Care
499G	Admitted Paediatric Palliative Care	Overnight Paediatric Palliative Care - Ungroupable
4CH1	Admitted GEM	FIM motor 57-91 with Delirium or Dementia
4CH2	Admitted GEM	FIM motor 57-91 without Delirium or Dementia
4CM1	Admitted GEM	FIM motor 18-56 with Delirium or Dementia
4CM2	Admitted GEM	FIM motor 18-56 without Delirium or Dementia
4CL1	Admitted GEM	FIM motor 13-17 with Delirium or Dementia
4CL2	Admitted GEM	FIM motor 13-17 without Delirium or Dementia
4L01	Admitted GEM	Same-Day GEM
499C	Admitted GEM	Overnight GEM - Ungroupable
4DS1	Admitted Psychogeriatric	HoNOS 65+ Overactive behaviour 3-4, LOS ≤ 91
4DS2	Admitted Psychogeriatric	HoNOS 65+ Overactive behaviour 1-2, HoNOS 65+ ADL 4, LOS ≤ 91
4DS3	Admitted Psychogeriatric	HoNOS 65+ Overactive behaviour 1-2, HoNOS 65+ ADL 0-3, LOS ≤ 91
4DS4	Admitted Psychogeriatric	HoNOS 65+ Overactive behaviour 0, HoNOS 65+ total 18-48, LOS ≤ 91
4DS5	Admitted Psychogeriatric	HoNOS 65+ Overactive behaviour 0, HoNOS 65+ total 0-17, LOS ≤ 91
4DL1	Admitted Psychogeriatric	Long term care
4M01	Admitted Psychogeriatric	Same-Day Psychogeriatric Care
499D	Admitted Psychogeriatric	Overnight Psychogeriatric Care - Ungroupable
4ES1	Admitted Non-Acute	Age ≥ 60, RUG-ADL 4-11, LOS ≤ 91
4ES2	Admitted Non-Acute	Age ≥ 60, RUG-ADL 12-15, LOS ≤ 91
4ES3	Admitted Non-Acute	Age ≥ 60, RUG-ADL 16-18, LOS ≤ 91
4ES4	Admitted Non-Acute	Age 18-59, LOS ≤ 91
4ES5	Admitted Non-Acute	Age ≤ 17, LOS ≤ 91
4EL1	Admitted Non-Acute	Long term care
499E	Admitted Non-Acute	Admitted Non-acute Care - Ungroupable
4SY1	Non-admitted Adult Rehabilitation	Assessment only
4SA1	Non-admitted Adult Rehabilitation	Stroke program
4SB1	Non-admitted Adult Rehabilitation	Brain Dysfunction program
4SD1	Non-admitted Adult Rehabilitation	Spinal Cord Dysfunction program
4SG1	Non-admitted Adult Rehabilitation	Pain syndromes program
4S11	Non-admitted Adult Rehabilitation	Orthopaedic conditions program
4SK1	Non-admitted Adult Rehabilitation	Cardiac program
4S91	Non-admitted Adult Rehabilitation	Other program
499S	Non-admitted Adult Rehabilitation	Adult Non-admitted Rehabilitation - Ungroupable
4X01	Non-admitted Paediatric Rehabilitation	Rehabilitation, Age ≤ 3

Class	Episode Type	Description
4X02	Non-admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, Spinal cord dysfunction
4X03	Non-admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, Brain dysfunction
4X04	Non-admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, Neurological conditions
4X05	Non-admitted Paediatric Rehabilitation	Rehabilitation, Age ≥ 4, All other impairments
499X	Non-admitted Paediatric Rehabilitation	Paediatric Non-admitted Rehabilitation - Ungroupable
4TS1	Non-admitted Adult Palliative Care	Stable phase
4TU1	Non-admitted Adult Palliative Care	Unstable phase, RUG-ADL 4, PCPSS 0-7
4TU2	Non-admitted Adult Palliative Care	Unstable phase, RUG-ADL 4, PCPSS 8-12
4TU3	Non-admitted Adult Palliative Care	Unstable phase, RUG-ADL 5-18
4TD1	Non-admitted Adult Palliative Care	Deteriorating phase, PCPSS 0-6
4TD2	Non-admitted Adult Palliative Care	Deteriorating phase, PCPSS 7-12, RUG-ADL 4-10
4TD3	Non-admitted Adult Palliative Care	Deteriorating phase, PCPSS 7-12, RUG-ADL 11-18
4TT1	Non-admitted Adult Palliative Care	Terminal phase
499T	Non-admitted Adult Palliative Care	Adult Non-admitted Palliative Care - Ungroupable
4Y01	Non-admitted Paediatric Palliative Care	Palliative Care, Not Terminal phase, Age < 1 year
4Y02	Non-admitted Paediatric Palliative Care	Palliative Care, Stable phase, Age ≥ 1 year
4Y03	Non-admitted Paediatric Palliative Care	Palliative Care, Unstable or Deteriorating phase, Age ≥ 1 year
4Y04	Non-admitted Paediatric Palliative Care	Palliative Care, Terminal phase
499Y	Non-admitted Paediatric Palliative Care	Paediatric Non-admitted Palliative Care - Ungroupable
4UC1	Non-admitted GEM	Single day of care without ongoing care plan
4UC2	Non-admitted GEM	Falls clinic
4UC3	Non-admitted GEM	Memory clinic
4UC4	Non-admitted GEM	Other clinic
499U	Non-admitted GEM	Non-admitted GEM - Ungroupable
4VY1	Non-admitted Psychogeriatric	Assessment only
4VA1	Non-admitted Psychogeriatric	Treatment, Focus of Care acute
4VN1	Non-admitted Psychogeriatric	Treatment, Focus of Care not acute, HoNOS 65+ total 0-8
4VN2	Non-admitted Psychogeriatric	Treatment, Focus of Care not acute, HoNOS 65+ total 9-13
4VN3	Non-admitted Psychogeriatric	Treatment, Focus of Care not acute, HoNOS 65+ total 14-48, HoNOS 65+ Overactive behaviour 0-1
4VN4	Non-admitted Psychogeriatric	Treatment, Focus of Care not acute, HoNOS 65+ total 14-48, HoNOS 65+ Overactive behaviour 2-4
499V	Non-admitted Psychogeriatric	Non-admitted Psychogeriatric Care - Ungroupable